XI. SCHEDULED RATING CREDITS/DEBITS

The following credits/debits may be applied at the discretion of MAIC in accordance with the following procedures:

A. A Scheduled Rating Debit (up to a maximum of 100%) or Credit (up to a maximum of 50%) may be applied according to the following schedule:

		<u>Range</u>	
	Credit		<u>Debit</u>
Loss Experience	50%	to	100%
Specialty balance	8%	to	8%
Employees-selection, training, supervision, experience	5%	to	5%
Risk Management Program	15%	to	15%
Unusual Risk Characteristics	15%	to	15%

B. The combination of scheduled rating and the Loss-Free Discount in Section X above may not exceed a 69.5% credit.

XII. RISK MANAGEMENT EDUCATIONAL DISCOUNT PROGRAM

Physicians have the opportunity to qualify for a renewal discount by participating in **MAIC**-approved risk management programs. Discounts earned are applicable only to the renewal term immediately following the **Policy Period** in which they are earned and do not apply to any future renewal periods. A **Physician** can earn a maximum discount of 7% from the following two (2) risk management components:

- A. On-line risk management courses offered by MAIC:
 - A 1% discount will be earned for the successful completion of each on-line course for a maximum discount of 4% per Policy Period.
 - 2. Successful completion will be determined by a passing grade in the on-line exam associated with each course taken.
- **B.** Participation in a **MAIC**-approved risk management or **Physician** office meeting or education or in-service program as may be made available at **MAIC**'s discretion. The maximum discount that can be earned from this component of the plan is 3% and is based on a 1% discount for every two (2) hours of participation in an approved meeting or program.

Discounts will be awarded only after attendance evidenced by a **MAIC**-awarded certificate of completion. No fractional percentages will be awarded and numbers will be rounded down; e.g. 3.5 hours of participation equals a 1% discount.

Aporseded 5-1-08

RECEIVED

AUG 2 8 2006

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD



<u>Medical Alliance Insurance Company</u>

August 22, 2006

Ms. Gayle Neuman Illinois Division of Insurance Property and Liability Evaluation Section 320 West Washington St. Springfield, IL 62767-0001

DIVISION OF INSURANCE STATE OF ILLINOISIDEPR FILED

SEP 0 1 2006

Re: Medical Malpractice Rate and Rule Filing PPL-06-02 Medical Alliance Insurance Company

SPRINGFIELD, ILLINOIS

32-0097644 NAIC #: 11861

Dear Ms. Neuman,

Enclosed please find a rate and rule revision submitted on behalf of Medical Alliance Insurance Company. This filing includes two (2) copies of each of the following:

- Filing letter
- RF-3 Summary Sheet
- Certification by company officer
- Filing Memorandum with itemized changes to the rule manual
- Actuarial Memorandum with information regarding the rate revision Statement of Actuarial Opinion
- Claims-Made Manual of Rules and Rates

This rate and rule revision supersedes our manual currently on file with the Division and will be applicable to all new and renewal policies effective on or after

August 22, 2006 Page 2

Thank you for your assistance on our behalf. Please return a stamped copy of these filing materials for our files. A self-addressed stamped envelope is enclosed for your convenience. If you should have any questions or concerns,

Sincerely,

Caroup M. Shanahan Carolyn/M. Shanahan Paralegal

630/276-5659

CShanahan@ihastaff.org

Enclosures

C: Ed Holzhauer Jody Wittenberg

CERTIFICATION

I, Edward J. Holzhauer, a duly authorized officer of Medical Alliance Insurance Company, am authorized to certify on behalf of the Company making this filing, after due inquiry of a qualified actuary, that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer

10-19-2006 Date

Insurance Company FEIN:

32-0097644

Filing Number: PPL-06-02

Insurer's Address: 1151 East Warrenville Road, P.O. Box 3015

City: <u>Naperville</u>

State: IL

Zip Code: <u>60563</u>

Contact Person and email: Carolyn M. Shanahan / CShanahan@ihastaff.org

Direct Telephone and Fax Number:

630/276-5659 / 630/276-5467

<u>Medical Alliance Insurance Company</u>



August 18, 2006

I, Edward J. Holzhauer, certify that the enclosed rates and rules are not inconsistent with the experience of Medical Alliance Insurance Company.

President

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

	Change in Company's premium or effective 09.01.2006	r rate lovel -	
	effective 09.01.2006		Dy rate revision
	•	App. (2)	(3)
,	Coverage	Annual Premium Volume (Illinois)*	Percent
1.	Passenger Passenger		Change (+ or -)**
2.	Commercial Automobile Physical name		
_	Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5. 6.	Glass Fidelity		
7. 8.	Surety		
9. 10.	Boiler and Machinery Fire Extended Co		
11. 12.	Extended Coverage Inland Marine Homeowners		
13. 14.	Commercial Market		
15.	Other Medical Liability		
	cite of Insurance	15,922,325	-6.U%
	Does filing only apply to certain classes? If so, specify: Se	n territory (territo	*\
		CI CI	ucium for informati
	Brief description of filing. (If organization, specify organization for information	filing follows rates	
	organization, specify organization for information.	on): See Actuaria	of an advisory L Memorandum
	*Adjusted to		
1	*Adjusted to reflect all prior rates.**Change in Company's premium level new rates.	ate changes. el which will recult o	
		Medical Alliance In	nsurance Company
		- o. comp	anv
DI	VISION OF INSURANCE	Carolyn M. Shanahar	ı, Paralegal

Official--Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

AUG 28 2006

SPRINGFIELD, ILLINOIS

MEDICAL ALLIANCE INSURANCE COMPANY

FILING MEMORANDUM

PHYSICIANS PROFESSIONAL LIABILITY

EFFECTIVE SEPTEMBER 1, 2006

The Medical Alliance Insurance Company (MAIC) Claims-Made Manual of Rules and Rates is being revised effective September 1, 2006. The following summarizes the changes made, excluding those intended to correct formatting and typographical errors. The Section and Paragraph references are to the manual currently on file.

General Rules

- Section I, Paragraph C: deleted as it is repetitive of information in Paragraphs A and B.
- Section II, Paragraph A: the reference to continuation for successive calendar quarters has been deleted as MAIC issues policies for annual terms.
- Section II, Paragraph C: deleted for clarification.
- Section VI: The reference to limits other than \$1,000,000/\$3,000,000 has been deleted as MAIC does not offer other limits. Additionally, the option to provide an increased aggregate has been moved from Appendix IV to this section.
- Section VII, Paragraph C: amended to separate the quarterly installment option into a new Paragraph D to include the necessary provisions in accordance with Department Regulations.
- Section VII, Paragraph D.1.: deleted as that method of minimum premium calculation is not used.
- Section VII, Paragraph E: deleted as unnecessary.
- Section VII, Paragraph F: reworded for clarification.
- Section VII: the Full Time Equivalent (FTE) and Per Visit rating rule from Appendix IV was moved to this Section.
- Section VIII, Paragraph C: the requirement that cancellation by the insured entails a 3 month waiting period before reinstatement has been moved from Appendix I to this Section. Additionally, the Extended Reporting Period premium calculation was clarified. The methodology was not altered.
- Section VIII, Paragraph C.2.: deleted as the reporting endorsement premium must be paid all at once.
- > Section IX: reworded for clarification and deletion of repetitive information.

- ➤ The rate pages have been moved to a new Appendix I, Section I for ease of use.
- > The forms and endorsements page has been removed as unnecessary.

Appendix I

- Now identified as Appendix II.
- The maturity and tail factors, not previously numbered, have been identified as Sections I and II for ease of reference.
- Section I: renamed to Section III and amended to reflect the movement of DuPage, Winnebago, Champaign, Grundy and Sangamon counties into different territories and the resulting establishment of a new territory.
- Section II: renamed to Section IV. Paragraphs B, C and D: new procedures were added and procedures addressed in other specialties were deleted. Additionally, VBAC procedures have been moved from Paragraph B to Paragraphs C and D.
- Section III: renamed to Section V and the date reference in Paragraph C has been deleted.
- Section IV: renamed Section VI. Paragraph C: the section on average weekly patient volume has been deleted. Paragraph E: renamed to Section VII.
- ➤ Section V: renamed Section VIII. Paragraphs A and B: rewritten for clarification. Paragraph D: created with information that was previously repeated in both Paragraphs A and B.
- Section VI: renumbered Section IX. Paragraph A: reworded for clarity with no change to the intent or application of the rule.
- Section VII: renamed Section X.
- Section VIII: moved to Appendix I, Section III.
- Section IX: renumbered Section XII. The title of the discount program was changed to add "Educational" for clarification.
- ➤ The rates for Allied Health Care Professionals were deleted from the end of the Appendix, moved to the new Appendix I, Section II and renamed as Paramedical Employees to match with the policy form.

Appendix II

Renamed as Appendix III. Paragraph C: reworded for clarity and to remove repetitive information. There is no change to the methodology. Medical Alliance Insurance Company Filing Memorandum Page 3

Appendix III

Deleted as unnecessary.

Appendix IV

▶ Deleted in its entirety and its contents were incorporated into either the General Rules or the new Appendix II with no change to intent with the exception of Section I, Paragraph D: revised with removal of Premises – Condition, Care as criteria and the credit/debit amount for Risk Management Program increased from 10% to 15%.

Appendix V

Deleted in its entirety as unnecessary.

OCT 2 3 2006

IDFPR (MPC) DIVISION OF INSURANCE SPRINGFIELD

Medical Alliance Insurance Company

October 20, 2006

Ms. Gayle Neuman Illinois Division of Insurance Property and Liability Evaluation Section 320 West Washington St. Springfield, IL 62767-0001

Re:

Medical Malpractice Rate and Rule Filing PPL-06-02

Medical Alliance Insurance Company

FEIN:

32-0097644

NAIC #:

11861

Dear Ms. Neuman,

As referenced in our letter of October 13, enclosed please find a revised company officer certification.

Thank you for your assistance on our behalf. We trust this information is sufficient for your needs. If you should have any questions or concerns, please contact me directly.

Sincerely,

Carolyn M. Shanahan

Paralegal

630/276-5659

CShanahan@ihastaff.org

Carolyn M. Shanakan

Enclosures

1151 East Warrenville Road P.O. Box 3015 Naperville, Illinois 60566 630.276.5400

<u>Medical Alliance Insurance Company</u>

October 13, 2006

Ms. Gayle Neuman Illinois Division of Insurance Property and Liability Evaluation Section 320 West Washington St. Springfield, IL 62767-0001

RECEIVED DIVISION OF INSURANCE SPRINGFIELD

Re: Medical Malpractice Rate and Rule Filing PPL-06-02

Medical Alliance Insurance Company

32-0097644

NAIC #:

11861

Dear Ms. Neuman,

In response to your e-mail of October 3, enclosed please find materials and

- 1. MAIC has internal policies in place for gathering and reporting statistics to the Department of Insurance as required. We do not report statistics to a
- 2. Enclosed is an amended RF-3 which reflects that this filing is for our
- 3. Revised certification will be forthcoming under separate cover.
- 4. Enclosed is General Rules Section VII, Paragraph D. of our 09/01/06 manual amended to provide for no interest or installment fees for the quarterly premium installment option.
- 5. Enclosed is General Rules Section VIII, Paragraph C.5.b. of our 09/01/06 manual revised to specify reapplication after a twelve (12) month period of
- 6. Enclosed is Appendix I, Section I (page 3) of our 09/01/06 manual to correct the page which inadvertently omitted Bureau County.

7. Regarding the reference to "a" rating as contained in Appendix I, Section II, "a" rating is handled in our physicians and surgeon's coverage in accordance with Section VII, Paragraph B. The "a" rating is used for broad categories of positions within a risk and is necessary for that ancillary staffs which are individually reviewed for rating consideration.

Thank you for your assistance on our behalf. We trust this information is sufficient for your needs. If you should have any questions or concerns, please contact me directly.

Sincerely,

Carolyn M. Shanahan

Paralegal

630/276-5659

CShanahan@ihastaff.org

Enclosures

C: Ed Holzhauer Jody Wittenberg

Neuman, Gayle

From: Neuman, Gayle

Sent: Tuesday, October 03, 2006 11:46 AM

To: 'Shanahan, Carolyn'

Cc: 'JWittenberg@ihastaff.org'

Subject: Physician/Surgeon - Rate/Rule Filing #PPL-06-02

Ms. Shanahan,

We are in receipt of the above referenced filing submitted by your letter dated August 22, 2006. The following additional information/documentation is required to review the filing:

- 1. Indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? Is this procedure done in-house? If statistics are reported to an agency, what stat agency is being used?
- 2. The RF-3 Summary Sheet should indicate the filing applies to physician/surgeons for claims-made coverage. Please revise and resubmit such form.
- 3. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary

that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. Please revise and resubmit the certification form.

- 4. The quarterly installment option (Section VII. Paragraph D) shall be amended in this filing as it is in filing #PPL-06-01 pursuant to my 10/3/06 e-mail.
- 5. Section VIII, Paragraph C 5 states a physician previously granted an Extended Reporting Period at no cost or reduced cost could be considered for reapplication within a <u>reasonable</u> period of time. We require this period of time to be more specifically defined.
- 6. On page 3 of Appendix 1, Bureau County is missing from the fifth column title.
- 7. On pages 15 and 16 of Appendix 1, please clarify the intent of the reference to "a".

We request receipt of your response by no later than October 13, 2006. Your cooperation is appreciated.

Gayle Neuman
Property & Casualty Compliance, Division of Insurance
Illinois Department of Financial & Professional Regulation
(217) 524-6497

VII. RATES AND PREMIUM CALCULATION

A. RATES

Annual and Extended Reporting Endorsement premiums applicable to **Physicians** for each specialty, territory and maturity year appear on the rate pages contained in Appendix I, Section I.

Premiums and rate categories for **Paramedical Employees** (who may be added by endorsement as either additional **Named Insureds** or additional **Insureds** on the standard policy) appear on the rate pages contained in Appendix I, Section II.

B. (a) RATED RISKS

Every risk described in the rate pages contained in Appendix I, Section II for which the symbol (a) appears in lieu of a specific rating designation and any other risk, risk procedure or technique not otherwise identified or defined in the appendices forming a part of this manual, shall be submitted to **MAIC** for rating.

C. CALCULATION OF PREMIUM

Subject to Paragraph E. below, the premium shall be determined on the basis of the units of exposure existing at policy inception and shall be calculated in accordance with the applicable rates and rules contained or referenced in this manual. A premium involving \$.50 or more shall be rounded to the next higher whole dollar. Interim premium adjustments including endorsements shall be calculated pro rata.

D. QUARTERLY INSTALLMENT OPTION

The developed premium is billed on a quarterly basis; 34% prior to policy issuance and 22% prior to the start of each subsequent three (3) month period, and shall be rounded to the nearest whole dollar. Any additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

E. MINIMUM PREMIUM RULE

Except as provided in Appendix II, Section VII, no Professional Liability Claims-Made Insurance Policy may be issued for less than a premium charge of \$400 per year.

F. MATURITY YEAR

Each Named Insured shall, each Policy Period, have a designated maturity year. The measurement of the maturity year begins on the Named Insured's Retroactive Date and advances each subsequent year thereafter until maturity is achieved for those policies that have been issued for six (6) months or more. In the event the policy has been issued for less than six (6) months, the maturity year does not advance. See Appendix II, Section I for maturity factors.

6

(Edition Date: 9/1/06)

- b. one one-hundred twentieth (1/120) of the premium for each full month the retiring **Physician** has had consecutive coverage with **MAIC** for up to a total credit of 100%, regardless of the **Physician's** age at **Retirement**.
- 5. A **Physician** previously granted an Extended Reporting Period without cost, or at reduced cost because of **Retirement** may, in the future, be considered for insurance with **MAIC** under the following circumstances:
 - a. Completion of an application for insurance;
 - b. Reapplication within a reasonable period of time;
 - c. Has reported no **Claims** or **Suits** pursuant to the Extended Reporting Endorsement; and
 - d. Payment of the appropriate premium for the period the policy was either placed on suspended coverage or rated Part-Time, 20%, Retired, Not in Practice at the same, territory and maturity year in effect at the time of termination.
- The premium calculated in Paragraphs 1 or 2 above is subject to proration depending upon the policy termination date and the Named Insured's maturity year.
 - a. Maturity Year One The Extended Reporting Endorsement premium shall be computed on a pro rata basis for each day the policy has been in force and shall be rounded to the nearest whole dollar.
 - b. Maturity Year Two Through Maturity Year Six The Extended Reporting Endorsement premium shall be the sum of:
 - (i). The pro rated difference between the Extended Reporting Endorsement premium at the end of the current **Policy Period** and the premium that would have been charged had the policy terminated at the end of the preceding **Policy Period**; and
 - (ii). The premium that would have been charged in the preceding **Policy Period** if the policy had terminated one (1) year earlier.
 - c. Maturity Year Seven is not subject to proration.

IX. ADDITIONAL INTERESTS

The addition of coverages, persons or entities not provided for in the standard policy shall be submitted to **MAIC** for rating.

CODE	SPECIALTIES	Cook, Madison, Saint Clair, Will	Jackson, Lake, Vermillion	Kane, McHenry, Winnebago	DuPage, Kankakee, Macon	Coles, DeKalb, Effingham, LaSalle, Ogle, Randolph	Grundy, Sangamon	Remainder of Illinois
	At the first of the section and the section of the	7,618	6,936	6,595	5,913	5,572	4,890	4,208
	Allergy/Immunology-NMRP	19,550	17,675	16,737	14,862	13,925	12,050	10,175
	Anesthesiology Bariatrics	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Cardiac Surgery	62,163	56,026	52,958	46,823	43,755	37,638	31,482
	Cardiac Surgery-MRP, NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453
80281		28,073	25,346	23,982	21,254	19,891	17,163	14,436
	Cardiovascular Disease NMRP, NS	16,141	14,607	13,868	12,305	11,538	10,004	8,470
82058	Cardiovascular Disease SMRP	22,107	19,976	18,910	16,779	15,715	13,584	11,453
85004	- ·	28,073	25,346	23,982	21,254	19,891	17,163 6,424	14,436 5,487
	Dermatology SMRP	10,175	9,237	8,769	7,832	7,362 10,942	9,493	8,044
	Diabetes-NMRP	15,288	13,839	13,116 26,880	11,667 23,811	22,277	19,209	16,141
	Emergency Medicine-MajS	31,482	28,414 25,346	23,982	21,254	19,891	17,163	14,436
	Emergency Medicine-NMajS, prim	28,073 10,175	9,237	8,769	7,832	7,362	6,424	5,487
	Endocrinology-NMRP Family Practice LMajRP	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Family Practice Livia, NajS	23,811	21,425	20,359	18,057	16,908	14,607	12,305
	Family Practice NMRP, NS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Forensic Medicine-NMRP	7,618	6,936	6,595	5,913	5,572	4,890	4,208
	Gastroenterology MRP	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	General Practice MRP, NMajS	23,811	21,425	20,359	18,057	16,908	14,607	12,305
	General Practice NMajS, prim	31,482	28,414	26,880	23,811	22,277	19,209	16,141
80242	General Practice NMRP, NS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	General Surgery	46,823	42,221	39,920	35,317	33,016	28,414	23,811
82074	General Surgery-MRP, NMajS	22,107	19,976	18,910	16,779	15,715 7,362	13,584 6,424	11,453 5,487
	Geriatrics	10,175	9,237	8,769	7,832 23,811	22,277	19,209	16,141
	Gynecological Surgery	31,482	28,414	26,880	23,611	19,891	17,163	14,436
	Gynecology/Obstetrics-MRP,NmajS	28,073 17,845	25,346 16,141	23,982 15,288	13,584	12,731	11,027	9,322
	Gynecology-NMRP, NS	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Hand Surgery Hand Surgery-MRP,NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	Head/Neck Surgery	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Hematology	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Industrial Medicine	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Infectious Disease	16,141	14,607	13,868	12,305	11,538	10,004	8,470
	Internal Medicine MRP	22,107	19,976	18,910	16,779	15,715	13,584	11,453
80257	Internal Medicine NMRP	17,845	16,141	15,288	13,584	12,731	11,027	9,322
83015	Neonatology	48,528	43,755	41,369	36,596	34,209	29,437	24,664 10,175
	Nephrology-MRP	19,550	17,675	16,737	14,862	13,925	12,050 10,004	8,470
	Nephrology-NMRP	16,141	14,607	13,868	12,305	11,538 15,715	13,584	11,453
80261	Neurology-NMRP	22,107	19,976	18,910 92,079	16,779 81,340	75,970	65,231	54,492
	Neurosurgery	108,187	97,448	21,808	19,336	18,129	15,629	13,158
	Neurosurgery-MRP,NMajS	25,516 15,288	23,044 13,839	13,116	11,667	10,942	9,493	8,044
	Neurosurgery-NMRP,NMajS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Nuclear Medicine-NMRP	65,572	59,095	55,856	49,378	46,142	39,664	33,187
	Obstetrical/Gynecological Surgery Occupational Medicine-NMRP	7,618	6,936	6,595	5,913	5,572	4,890	4,208
	Oncology	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Ophthalmic Surgery	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Ophthalmology-NS	10,175	9,237	8,769	7,832	7,362	6,424	5,487
	Orthopaedic Surgery w/ Spine	70,686	63,697	60,203	53,214	49,719	42,732	35,744
	Orthopaedic Surgery w/o Spine	53,640	48,358	45,715	40,431	37,789	32,505	27,221
	Orthopaedics-MRP, NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	Orthopaedics-NMRP, NS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
86155	Otorhinolaryngology Other Than Head/Neck	48,528	43,755	41,369	36,596	34,209	29,437	24,664
	Otorhinolaryngology; Head/Neck	31,482	28,414	26,880	23,811	22,277	19,209	16,141 14,436
	Otorhinolaryngology; No Elective Plastic	28,073	25,346	23,982	21,254	19,891 15,715	17,163 13,584	11,453
80291	Otorhinolaryngology-MRP,NMajS	22,107	19,976	18,910	16,779	15,715	13,564	11,400

Champaign,

3

Neuman, Gayle

From: Neuman, Gayle

Sent: Tuesday, October 17, 2006 1:51 PM

To: 'Shanahan, Carolyn'

Subject: RE: PPL-06-02

Ms. Shanahan,

Yes, the certification form provided will satisfy our requirement for certification by the company officer, upon completion.

From: Shanahan, Carolyn [mailto:CShanahan@ihastaff.org]

Sent: Tuesday, October 17, 2006 1:30 PM

To: Neuman, Gayle Subject: PPL-06-02

<<officer cert.doc>>
Ms. Neuman.

We had previously provided an officer certification and an actuarial certification with our initial submission on August 22. In your email of October 3, you requested our certification be revised and resubmitted.

We believe our actuarial certification as originally submitted is in accordance with the intent of the DOI requirement. As to the officer certification, we have attached a certification that, if acceptable, will be completed and provided. Please advise whether this certification is acceptable.

Thank you,

Carolyn M. Shanahan Paralegal 630/276-5659

Neuman, Gayle

From:

Shanahan, Carolyn [CShanahan@ihastaff.org]

Sent:

Tuesday, October 17, 2006 1:30 PM

To:

Neuman, Gayle

Subject:

PPL-06-02

Subject

FFL-00-02

Attachments: officer cert.doc

<<officer cert.doc>>

Ms. Neuman,

We had previously provided an officer certification and an actuarial certification with our initial submission on August 22. In your email of October 3, you requested our certification be revised and resubmitted.

We believe our actuarial certification as originally submitted is in accordance with the intent of the DOI requirement. As to the officer certification, we have attached a certification that, if acceptable, will be completed and provided. Please advise whether this certification is acceptable.

Thank you,

Carolyn M. Shanahan Paralegal 630/276-5659

CERTIFICATION

I, Edward J. Holzhauer, a duly authorized officer of Medical Alliance Insurance Company, am authorized to certify on behalf of the Company making this filing, after due inquiry of a qualified actuary, that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.

Signature and Title of Authorized Insurance Company Officer

Date

Insurance Company FEIN: 32-0097644

Filing Number: PPL-06-02

Insurer's Address: <u>1151 East Warrenville Road, P.O. Box 3015</u>

City: Naperville

State: IL

Zip Code: 60563

Contact Person and email: Carolyn M. Shanahan / CShanahan@ihastaff.org

Direct Telephone and Fax Number: 630/276-5659 / 630/276-5467

STATEMENT OF ACTUARIAL OPINION MEDICAL ALLIANCE INSURANCE COMPANY SEPTEMBER 1, 2006 ILLINOIS RATE FILING

I, Mark J. Cain, Consulting Actuary, am associated with the firm Illinois Risk Management Services. I am a member of the American Academy of Actuaries and meet its qualification standards and I am a Fellow of the Casualty Actuarial Society. I am an employee of the Illinois Hospital Association, the ultimate parent of Medical Alliance Insurance Company (Company). I have been asked by the Company's Board of Directors to render this opinion.

It is important to note that estimates of required rate levels cannot be known with certainty. While our estimates were prepared with appropriate actuarial methodologies and judgments, the true cost of future claims could vary significantly in either direction from our estimates.

The data underlying our analysis is critical to the assumptions used to derive our rate level estimates. We have assumed that all of the data underlying our analysis accurately reflects the experience of the Company.

In my opinion, the proposed rates and rating plans:

- A. Meet the requirements of the insurance laws of Illinois.
- B. Are computed in accordance with accepted actuarial standards and principles.

An actuarial memorandum and underlying actuarial work papers supporting the findings expressed in this Statement of Actuarial Opinion have been provided to the Company to be retained for a period of seven years in their administrative offices and are available for regulatory examination.

This statement of opinion is solely for the use of, and is only to be relied upon by, the Company and the Illinois Division of Insurance.

Mark J. Cain

IRMS Actuarial Services

330 South Executive Drive Suite 202

Brookfield, WI 53005

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July 31, 2006

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An Affiliate Corporation of the Illinois Hospital Association

MEDICAL ALLIANCE INSURANCE COMPANY ACTUARIAL MEMORANDUM PHYSICIANS PROFESSIONAL LIABILITY EFFECTIVE SEPTEMBER 1, 2006

INTRODUCTION

This document summarizes the actuarial assumptions, methodologies and conclusions used to derive the rate and rating plan changes filed by Medical Alliance Insurance Company (MAIC) for its physician professional liability business. The proposed rates were developed based on an analysis of historical premium and loss experience of MAIC, the historical premium and loss experience of two companies which preceded MAIC in writing a substantially similar book of business and the rates and rating plans filed by the Illinois State Medical Inter-Insurance Exchange (ISMIE) effective July 1, 2006.

SUMMARY

We have analyzed MAIC's rate level indications for policies issued on or after September 1, 2006 and concluded that the manual rates can be decreased by 7.1% for annually rated physicians. As the overall rate level for per visit rated business is not being changed, the impact of this filing is a reduction of 6.0%. It is proposed that this reduction be achieved by utilizing the rates filed by ISMIE with four exceptions:

- 1. MAIC rates for annually rated physicians will be 5.3% below those filed by ISMIE.
- ISMIE has elected to move Jackson County from its second highest rated territory to its highest rated territory. A review of loss experience in Jackson County indicates that this move is not warranted for MAIC's

- business. Therefore, Jackson County will remain in MAIC's second highest rated territory.
- 3. ISMIE has created a new territory for Peoria County, and given that territory a lower rate. Based on a review of loss data we do not believe the loss experience in Peoria County is markedly lower than surrounding counties. Therefore, Peoria County will remain in the "Rest of State" territory.
- 4. A portion of MAIC's book is rated on a per visit basis to which territorial relativities are not currently applied. MAIC will begin applying territorial relativities to its per visit business in a manner that is revenue neutral.

PROCEDURE

A rate indication is derived by comparing estimates of future losses and expenses to premiums based on the current rate levels. If this comparison indicates that the premiums will not be sufficient to cover projected losses and expenses, a rate increase is indicated. If premium is expected to exceed losses, expenses and profit objectives, a rate decrease is indicated. This report summarizes our analysis of each of the three components:

- Estimated loss and allocated loss adjustment expenses (D&CC);
- Estimated premiums at current rate levels; and
- Other rating components.

LOSSES AND D&CC

The objective of this portion of the analysis is to use historical experience to estimate expected losses for policies issued from September 1, 2006 through August 31, 2007. To do so we must first develop them to an ultimate basis. Secondly, we add a provision for inflation, recognizing that losses occurring in the past would cost more if they occurred in the future.

Development to Ultimate

This step is necessary to account for development on known claims and to add a provision for "pipeline" claims that may be reported after the evaluation date. As a technical note, the data relied on for this analysis was valued as of April 30, 2006 and consisted of only the annually rated physician business, a subset of the total book of business. MAIC provides coverage on a per physician (annually rated) basis or a per visit basis. The per visit basis is utilized by emergency department and urgent care physicians.

The following table summarizes the results of this analysis:

Report Year	Reported Losses & D&CC	Selected Ultimate Losses and D&CC
1995	516,985	516,985
1996	266,403	266,403
1997	2,274,312	2,274,312
1998	1,728,728	1,640,059
1999	107,918	98,099
2000	314,727	285,987
2001	1,415,751	1,288,389
2002	3,030,758	2,851,547
2003	2,563,191	2,657,787
2004	1,901,419	3,506,782
2005	3,227,183	5,940,187

We utilized three methods, as shown on Exhibit I, to develop our estimates of the ultimate losses and D&CC: an incurred loss development method, a pure premium method and a frequency / severity method. The loss development factors were derived using historical triangles of all claims-made business sorted on a report year basis, with year end valuations. These factors were adjusted to be applicable to losses and D&CC valued as of April 30, 2006. The triangles and the resulting loss development factors are shown on Exhibit 2, Pages 1 and 2. Note that losses were capped at \$500,000 to lend stability to the analysis.

The pure premium method uses a set of base years, adjusted for inflation and changes in exposure, to estimate the ultimate losses and D&CC for the more recent years. This method is shown on Exhibit 2, Page 3.

The frequency / severity method consists of two steps. First we derive an estimate of the ultimate incurred claims (claims that close with indemnity). Second, we apply an average cost per claim. This method is shown on Exhibit 2, Pages 4 through 6.

Adjustment for Inflation

The next step is to adjust the ultimate losses and D&CC for inflation. For purposes of this analysis, we assume that loss severity will increase at 5% per year and loss frequency will increase at 2% per year, for an overall trend of 7.0% per year. The following table, extracted from Exhibit 3, shows the results:

Report Year	Selected Ultimate Losses and D&CC	Trended Ultimate Losses and D&CC
1995	516,985	1,164,349
1996	266,403	560,661
1997	2,274,312	4,473,502
1998	1,640,059	
1999	98,099	3,015,042
2000	285,987	168,552
2001	1,288,389	459,169
2002		1,933,345
2003	2,851,547	3,999,257
2004	2,657,787	3,483,817
2005	3,506,782	4,295,362
2005	5,940,187	6,800,291

PREMIUM AT CURRENT RATE LEVELS

Like the loss and D&CC provision, we use historical premium with certain adjustments. First, we adjust historical premiums for any changes in the overall

average debits and credits by restating the premium at manual rate levels. Second, we adjust for changes in historical rate levels so that all of the historical premiums are stated at MAIC's current manual rate levels.

We now have premiums restated at current levels and losses and D&CC restated at the levels we expect for September 1, 2006 – August 31, 2007 policies. We compare the two to develop the expected loss and D&CC ratios without any rate changes. The results are as follows and as also shown on Exhibit 3:

Calendar / Report Year	Premium at Current Rate Level	Trended Ultimate Losses and D&CC	Projected Period Loss and D&CC Ratio
1995	803,781	1,164,349	144.9%
1996	1,360,316	560,661	41.2%
1997	2,556,496	4,473,502	175.0%
1998	3,063,561	3,015,042	98.4%
1999	3,512,814	168,552	4.8%
2000	3,730,450	459,169	12.3%
2001	3,727,674	1,933,345	51.9%
2002	5,162,753	3,999,257	
2003	6,108,286	3,483,817	77.5%
2004	9,807,843	4,295,362	57.0%
2005	9,913,649	6,800,291	43.8% 68.6%

From this data we have selected an expected loss and D&CC ratio of 59.1%.

OTHER RATING COMPONENTS

Losses and D&CC Discounted to Present Value

The purpose of this step is to recognize that the time from when the premium is collected to when the losses and D&CC are paid can take from several months to several years. In order to develop the discount factors, we project the payout of the losses and D&CC, and discount them back using the investment yield assumption adopted by MAIC management of 2.5%. This results in an offset for

investment income for losses and D&CC of 8.1% (100% - 91.9% = 8.1%). The support for this calculation is shown on Exhibit 4

Premiums Discounted to Present Value

MAIC bills its premium on a quarterly basis, 34% due up front and 22% due each of the remaining three quarters. Again assuming an investment yield assumption of 2.5%, the offset for investment income for premium is 0.8% (100% - 99.2% = 0.8%). The details are shown on Exhibit 5.

Provision for Death, Disability & Retirement

The MAIC policy offers a free extended reporting endorsement for qualified physicians who die, become disabled or retire while insured with MAIC. Based on industry data, we have included a provision of 4.0%, stated as a load to the losses & D&CC.

Provision for Expenses

MAIC contracts for the provision of all underwriting, risk management, claims, and marketing services. The costs of those contracts are reflected in the following expense provisions.

Commissions & Other Acquisition Costs	3.00%
State Premium Tax	0.50%
Underwriting, Claims & Risk Management	13.00%
General Expenses	3.50%
Total	20.00%

Provision for Profits & Contingencies

This provision is intended to generate profits for MAIC and to provide a cushion to protect the company should the losses and D&CC turn out to be higher than expected. It is important to note that the contingency provision does not provide an absolute protection against adverse claims experience. Instead it is intended to provide a reasonable margin given the risks inherent in providing professional liability coverage for physicians in Illinois. The profit and contingency provision of 5.0% was selected by management.

Adjustment for Average Debits and Credits

MAIC offers various debits and credits. Examples are credits or debits for favorable or unfavorable loss experience, credits for participation in risk management programs and discounts for newly practicing physicians. Management anticipates that the average debit/credit will be a credit of 13.3%.

OVERALL RATE INDICATION

The overall rate indication is derived by adding up all of the components described above. If the result is below 100%, a rate reduction is indicated. If the total exceeds 100%, a rate increase is needed. The following table, reproduced as Exhibit 6, shows the calculation.

12 Rate Indication	-7.1%
11 Total	93.4%
10 Average Credit / (Debit)	13.3%
9 Profit & Contingency Load	5.0%
8 Expected Discounted Combined Ratio	76.9%
7 Expense Load	20.0%
6 Expected Discounted Losses & LAE	56.9%
5 DD&R Load	4.0%
1 Projected Loss & D&CC Ratio2 Offset for Investment Income - Losses3 Offset for Investment Income - Premium4 Discounted Loss & D&CC Ratio	59.1% 0.919 0.992 54.7%

CONCLUSION

It is important to note that estimates of future rate level requirements cannot be known with certainty. While our estimates were prepared with appropriate actuarial methodologies and judgments, the true cost of future claims could vary significantly in either direction from our estimates. This uncertainty is compounded because MAIC has only been writing new business for less than three years; however, this uncertainty is mitigated by using data from two companies which wrote substantially the same business before MAIC. In addition, potential latent liabilities that may not have historically occurred, new legislation and precedent setting court cases can change the liabilities assumed.

The data underlying our analysis is critical to the assumptions used to derive our reserve estimates. We have assumed that all of the data underlying our analysis accurately reflects the experience of MAIC and similar companies.

LIMITED DISTRIBUTION

This report is intended for the appropriate regulatory authorities and Medical Alliance Insurance Company. Any further distribution without our prior consent is unauthorized. Further, any readers other than the intended parties may not rely on this report either in its entirety or any portion herein.

* * * * *

We appreciate this opportunity to be of service to Medical Alliance Insurance Company, and stand ready to answer any questions.

Respectfully submitted,

Mark J, Cain, FCAS, MAAA

Consulting Actuary

DEVELOPMENT OF LOSSES & D&CC TO ULTIMATE

Incurred Development Method	Pure Premium Method	Frequency / Severity Method	Selected Ultimate Losses & D&CC at 4/30/2006
516,985			516,985
266,403			266,403
2,274,312			2,274,312
1,640,059			1,640,059
•			•
•			98,099
,			285,987
·			1,288,389
			2,851,547
	E 127 200	0.407.40	2,657,787
			3,506,782
6,497,966	5,559,444	6,320,930	5,940,187
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LOSS & D&CC DEVELOPMENT METHOD

Report Year	Reported Losses & D&CC at 4/30/2006	Month of Development	Loss Development Factor	Indicated Ultimate Losses & D&CC at 4/30/2006
1995	516,985	136	1.000	516,985
1996 1997	266,403	124	1.000	266,403
1998	2,274,312	112	1.000	2,274,312
1999	1,728,728 107,918	100	0.949	1,640,059
2000	314,727	88	0.909	98,099
2001	1,415,751	76 64	0.909	285,987
2002	3,030,758	52	0.910	1,288,389
2003	2,563,191	40	0.941	2,851,547
2004	1,901,419	28	1.037	2,657,787
2005	3,227,183	16	1.150 2.014	2,185,890
		-	2.014	6,497,966

EXHIBIT 2, Page 2

LOSS DEVELOPMENT FACTORS

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2.427 1.186 1.077 0.957 0.909 0.912 0.902 1.000 1.000 TALL 1610 UIt 28 to UIt 40 to UIt 52 to UIt 64 to UIt 76 to UIt 88 to UIt 1.150 1.037 0.941 0.910 0.910 0.910 0.910 0.910 0.910 0.910	ect	2.047	- 0	1.126	1.053	0.997	121	n 977	CC0 C			
1000 1,000 1		7777	— 8	1.077	7.857	n ana	C FO C	- 00 00 00 00 00 00 00 00 00 00 00 00 00	C.26.0	3	1.000 TA	
16 to Uit 28 to Uit 40 to Uit 52 to Uit 64 to Uit 76 to Uit 88 to Uit 100 to Uit 112 to Uit 124 2.014 1.150. 1.037 0.941 0.910 0.910 0.910					1	, COC.0	716.0	706.0	0.923	1.000	1.000	1.00
2.014 1.150 1.037 0.941 0.910 n.gov n.gov n.gov n.gov	0.7	L	16 to Uit	28 to Ult	40 to Uit	52 to Uit	64 to Ult	76 to 11#	## - c+ 00	1		to deliver matter a constant a security.
	rpulated C.	JI MI	2.014	1.150	1.037	0.941	0 910	0.00) O O) O		712 to UII	124 to UIt

IRMS ACTUARIAL SERVICES

PURE PREMIUM METHOD

Report Year	Earned Mature FP NS, ROS Exposures	Indicated Ultimate Losses & D&CC at 4/30/2006	Pure Premium	Pure Premium Trended to 2004 RY	
1995	50	516,985	10,340	19,009	
1996	85	266,403	3,134	5,385	
1997	160	2,274,312	14,214	22,825	
1998	192	1,640,059	8,542	12,819	
1999	220	98,099	446	625	
2000	234	285,987	1,222	1,602	
2001	234	1,288,389	5,506	6,745	
2002	324	2,851,547	8,801	10,076	
2003	383	2,657,787	6,939	7,425	
				9,613	Average
				8,353	Wtd Avg
				8,353	Select
2004	615	5,137,269	8,353		
2005	622	5,559,444	8,938		

¹ Assumes 7% annual trend

FREQUENCY / SEVERITY METHOD ESTIMATED ULTIMATE CLAIMS INCURRED

Report Year	Reported Claims at 4/30/2006	Month of Development	Claim Development Factor	Indicated Ultimate Reported Claims at 4/30/2006
1995	5	136	1.000	5
1996	12	124	1.000	12
1997	16	112	1.000	16
1998	11	100	1.000	11
1999	13	88	1.000	13
2000	15	76	1.000	15
2001	16	64	1.000	16
2002	27	52	1.000	27
2003	16	40	1.000	16
2004	37	28	1.000	37
2005	68	16	1.054	72

Ultima Incurred Month Claim Incurr Report Claims of Development Clain Year at 4/30/2006 Development Factor at 4/30/2006	าร
1995 4 136 1.000	4
1996 6 124 1.000	6
1997 10 112 1.000	10
1998 7 100 1.000	7
1999 6 88 0.917	6
2000 5 76 0.875	4
2001 9 64 0.833	8
2002 15 52 0.754	11
2003 13 40 0.658	9
2004 25 28 0.530	13
2005 58 16 0.335	19

FREQUENCY / SEVERITY METHOD ESTIMATED ULTIMATE CLAIMS INCURRED

_	Indicated Ultimate Reported	Indicated Ultimate Incurred		
Report	Claims	Claims		
Year	at 4/30/2006	at 4/30/2006	Ratio	
1995	5	4	0.800	
1996	12	6	0.500	
1997	16	10	0.625	
1998	11	7	0.636	
1999	13	6	0.462	
2000	15	4	0.267	
2001	16	8	0.500	
2002	27	11	0.407	
2003	16	9	0.563	
			0.529	Average
			0.496	Wtd Avg
			0.496	Select
2004	37	18	0.496	
2005	72	36	0.496	

Report Year	Incurred Development Method	Ratio to Reported Method	Selected Ultimate Incurred Claims at 4/30/2006
1995	4		4
1996	6		6
1997	10		10
1998	7		7
1999	6		6
2000	4		4
2001	8		8
2002	11		11
2003	9		9
2004	13	18	14
2005	19	36	27

IRMS ACTUARIAL SERVICES

Frequency / Severity Method

	Selected	Indicated			
	Ultimate	Ultimate		Average	
	Incurred	Losses &		Ultimate	
Report	Claims	D&CC	Average	Trended	
Year	at 4/30/2006	at 4/30/2006	Ultimate	to 2004 RY ¹	
1995	4	516,985	129,246	200,503	
1996	6	266,403	44,401	65,600	
1997	10	2,274,312	227,431	320,019	
1998	7	1,640,059	234,294	313,977	
1999	6	98,099	16,350	20,867	
2000	4	285,987	71,497	86,905	
2001	8	1,288,389	161,049	186,434	
2002	11	2,851,547	259,232	285,803	
2003	9	2,657,787	295,310	310,075	
				198,909	Average
				222,960	Wtd Avg
				222,960	Select
2004	14	3,197,185	222,960		
2005	27	6,320,930	234,109		

¹ Assumes 5% annual trend

EXHIBIT 3

ADJUSTMENT FOR INFLATION IN LOSS COSTS

Report Year	Selected Ultimate Losses & D&CC at 4/30/2006	Trend Factor ⁴	Trended Ultimate Losses & D&CC	Projected Period Loss & D&CC Ratio
1995	516,985	2.25	1,164,349	144.9%
1996	266,403	2.10	560,661	41.2%
1997	2,274,312	1.97	4,473,502	175.0%
1998	1,640,059	1.84	3,015,042	98.4%
1999	98,099	1.72	168,552	4.8%
2000	285,987	1.61	459,169	12.3%
2001	1,288,389	1.50	1,933,345	51.9%
2002	2,851,547	1.40	3,999,257	77.5%
2003	2,657,787	1.31	3,483,817	57.0%
2004	3,506,782	1.22	4,295,362	43.8%
2005	5,940,187	1.14	6,800,291	68.6%
			Select	59.1%

 $^{^4\,}$ Effective date of 9/1/2006, bulk renew January 1, implies average report date of 7/1/2007, 7% annual trend

EXHIBIT 4

LOSS & D&CC DISCOUNT FACTOR

Report		CORP Representation of the Corp of the Cor	10 fts (
Year	12	24	용	48	8	72	75	8	108	2	132
1995	2,634	2,667	16,602	496.612	504 823	540 F95	E/13 E3E	500 050	F00 002	100 000	
1996	42,582	283,346	517,078	524,046	586 275	598 838	510 g/3	200,339 840,389	300 304	200 200 200 200 200 200 200 200 200 200	268,384
1997	8,040	423,506	1,192,628	1.221.664	1.262.259	1 844 511	1 858 510	1 075 200	049,300	045, COD	A Company of the Comp
1998	17,237	432,732	778,371	1,317,611	1825.916	1 829 127	1 879 687	1 830,002	1,60,000,2		
1999	6,974	19,574	33,522	67,862	122 972	172 977	177 536	200, 520, 1	Condensation of the State of th		
2000	962'9	29,198	60,603	89,549	364,629	383.893	000			***************************************	
2001	177,214	210,499	247,619	826,267	858.779		***************************************	Composition or recovery a particular property of	****		
2002	20,975	1,141,284	2,270,597	2,517,220				Transport to the second contract to the secon	7110		
2003	176,952	974,926	1,694,256								
2004	148,389 73,998	325,468					Manage of the State of the Stat	COOL THE STORY OF			Office of the second se
	12.024.	24.036	36.048	48.06	60.072	72.084	84.096	96.108	108.12	120.132	
1995	1,013	6.225	29.913	1.017	1 1071	1004	1.047	86,	A DOO	0000	
1998	6.639	1.825	1.013	1119	1001	86	÷ C	96	38) (100)	
1997	52.675	2.816	1.024	1.033	1.461	900		1.00	DD0		
86	25.105	1.799	1,693	1388	1 002	E	90.	1.07			
1999	2.807	1,713	2.024	1.812	1001	1 444	000		dono de potitis for uso present outre de mangagos sono	**************************************	Company of the contract of the
2000	4.295	2.076	1.478	4.072	1053						
2007	1.188	1.176	3.337	1.039			5 0 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
2002	54.413	1.990	1.109					NAME OF THE OWNER OWN			
2003	5.510	1.738									
2004	2.193								The second secon		***
Awerage	15.584	2.373	5.199	1.640	1.101	1095	1036	rcu t	4 000	000	
Col Sum	6.322	1.936	 88.	1.216	1.140	1.017	1.027	1.044	1.08	1.00	
Select	F 322	1 936	1 380	1 340	C v v	1700					
Ung.	25.536	4 639	2000 C	- 1.410 - 1.010	1 240	1017	1.027	1044	-00	1.000 TAIL	
		A CONTRACTOR OF THE CONTRACTOR		420	047.1	00.1	1.072	U44	J.W.	9.	8
Pmt Pattern	0.039	0.248	0.479	0.661	0.804	0.917	0 033	7 95B	1 000	000	000 6
ncremental	0.039	0.208	0.232	0.182	0.143	0.113	0.016	0.025	0.042	0000	0.08
Discounted	0.5	1.5	2.5		4.5	r. r.	rt T		L C	i.	4 (
@2.5%	0.039	0.201	0.218	0.167	0.128	0.088	0.013	0.021	0.034	0.000 0.000	S 100 0
Dscnt Factor	0.919										
						Policial and a second s	Commence of the second	A ferring amount and a second	The second second second second second		

IRMS ACTUARIAL SERVICES

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PREMIUM DISCOUNT FACTOR

Date of Pmt in Days	0	90	180	270
Payment Percentage	0.340	0.220	0.220	0.220
Discounted	0.340	0.219	0.217	0.216
Discount Factor	0.992			

OVERALL RATE INDICATION

12 Rate Indication	-7.1%
11 Total	93.4%
10 Average Credit / (Debit)	13.3%
9 Profit & Contingency Load	5.0%
8 Expected Discounted Combined Ratio	76.9%
7 Expense Load	20.0%
6 Expected Discounted Losses & LAE	56.9%
5 DD&R Load	4.0%
1 Projected Loss & D&CC Ratio 2 Offset for Investment Income - Losses 3 Offset for Investment Income - Premium 4 Discounted Loss & D&CC Ratio	59.1% 0.919 0.992 54.7%

Notes:

```
(4) = (1) x (2) / (3)

(6) = (4) x {1 + (5)}

(8) = (6) + (7)

(11) = (8) / {1 - (9)} / {1 - (10)}

(12) = 100\% - 1 / (11)
```

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

SPRINGFIELD. ILLINOIS

MEDICAL ALLIANCE INSURANCE COMPANY

MANUAL OF CLAIMS-MADE RULES AND RATES

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR FILED

SEP 0 1 2006

SPRINGFIELD. ILLINOIS

MEDICAL ALLIANCE INSURANCE COMPANY PHYSICIAN PROFESSIONAL LIABILITY CLAIMS-MADE INSURANCE POLICY

MANUAL OF RULES AND RATES

TABLE OF CONTENTS

GENE	RAL RULES	<u>Page</u>
l.	General Instructions	4
II.	Policy Period	4 - 5
Ш.	Scope of Coverage	5
IV.	Persons Insured	5
٧.	General Definitions	5
VI.	Limits of Liability	5
VII.	Rates and Premium Calculation	6 - 7
VIII.	Cancellation / Non-Renewal	7 - 10
IX.	Additional Interests	10
Χ.	Underwriting Procedure	11 - 12
XI.	Physician Specialty	12
XII.	Supplementary Rules	13
XII	Deductibles	13 - 14

(Cont'd.)

DIVISION OF INSUFANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

SPRINGFIELD. ILLINOIS

MANUAL OF RULES AND RATES

TABLE OF CONTENTS

		<u>Page</u>
APPEND	DIX I	
I.	Annual Claims-Made Rates	1 - 14
II.	Paramedical Employees Rates	15 - 16
III.	Per Visit Rates	17
APPEND	DIX II	
I.	Maturity Year Factors	1
II.	Tail Factors	1
III.	Territories	1
IV.	Medical Procedure Definitions	2 - 5
V.	Newly Practicing Physician Premium Discount Rules	5 - 6
VI.	Part-Time Rating Rules	6 - 7
VII.	Free Medical Clinic Coverage	8
VIII.	Suspended Coverage Rules	8
IX.	Locum Tenens (Additional Insured)	9 - 10
Χ.	Loss-Free Discount	10
XI.	Scheduled Rating Credits/Debits	11
XII.	Risk Management Educational Discount Program	11
APPEND	DIX III	
1.	Medical Corporation	1 - 2

SPRINGFIELD, ILLINOIS

MEDICAL ALLIANCE INSURANCE COMPANY PHYSICIAN PROFESSIONAL LIABILITY CLAIMS MADE INSURANCE MANUAL

GENERAL RULES

I. GENERAL INSTRUCTIONS

This manual contains the rules and rates governing the underwriting of professional liability insurance for **Physicians**, **Medical Corporations** and **Paramedical Employees** written on a claims-made policy form.

Additional exposure risks for which coverage is provided on or after the effective date of this manual, either by endorsement of outstanding policies or by the issuance of separate policies, shall be written on the basis of the rates and rules in effect at the time the coverage is provided.

The following requirements shall be observed in the preparation of policies of insurance covered by this manual:

- A. On policies issued to a Physician, the Physician shall be identified as the Named Insured on the Declarations Page by name, rating medical specialty and rating code number.
- **B.** On policies issued to **Medical Corporations** whose qualification for said policy is established in Appendix III, the **Medical Corporation** shall be identified as the **Named Insured** on the Declarations Page by its legal name.
- C. Additional Insureds and additional Named Insureds (who may be Doctors of Medicine, Doctors of Osteopathy, Paramedical Employees or Medical Corporations) shall be identified on attaching endorsements either by name (in the case of Physicians and a sole shareholder Medical Corporation) or by name or number (in the case of designated Paramedical Employees).
- **D.** When applicable, policies shall be endorsed to acknowledge any reported exceptions to the representations and warranties stipulated on the Declarations Page.
- **E.** Once a policy has been issued, any changes thereto shall be accomplished by means of endorsement(s).

II. POLICY PERIOD

- **A.** Policies are written for the period of time specified on the Declarations Page upon payment of premium and expire upon cancellation, non-renewal or renewal.
- **B.** Policies are generally written for a twelve (12) month period beginning on the policy effective date.

SPRINGFIELD, ILLINOIS

C. Any policy written for at least a twelve (12) month period may, upon the Named-Insured's request and approval by MAIC, be extended up to a maximum of ninety (90) additional days. The aggregate limit of liability as described in Section VI. shall apply to the sum of the original Policy Period plus any extension.

III. SCOPE OF COVERAGE

For details of coverage and exclusions, refer to standard policy.

IV. PERSONS INSURED

For persons insured, refer to standard policy.

V. GENERAL DEFINITIONS

For general definitions, refer to standard policy.

VI. LIMITS OF LIABILITY

Manual rates and minimum premiums are calculated to provide limits of \$1,000,000 "Each Person" and a **Policy Period** aggregate of \$3,000,000. Unless modified by endorsement, the inclusion of more than one **Insured** under a policy shall not operate to increase **MAIC's** limits of liability.

MAIC may, at its discretion, increase the policy aggregate. The "Each Person" limit may be obtained only in the amount of \$1,000,000 with a corresponding annual aggregate of \$3,000,000 applied to each **Named Insured**, or an aggregate limit may be shared by each **Named Insured** with the amount being determined by the number of exposures in the group as follows:

Number of Exposures *	Policy Aggregate
2	5M
3	8M
4	10M
5	15M
6	16M
7	18M
8	20M
9	22M
10 – 19	25M
20 – 39	40M
40 - 59	55M
60 – 79	70M
80 – 99	85M

^{*} For each additional 20 exposures, increase the aggregate by \$15M.



SPRINGFIELD. ILLINOIS

VII. RATES AND PREMIUM CALCULATION

A. RATES

Annual and Extended Reporting Endorsement premiums applicable to **Physicians** for each specialty, territory and maturity year appear on the rate pages contained in Appendix I, Section I.

Premiums and rate categories for **Paramedical Employees** (who may be added by endorsement as either additional **Named Insureds** or additional **Insureds** on the standard policy) appear on the rate pages contained in Appendix I, Section II.

B. (a) RATED RISKS

Every risk described in the rate pages contained in Appendix I, Section II for which the symbol (a) appears in lieu of a specific rating designation and any other risk, risk procedure or technique not otherwise identified or defined in the appendices forming a part of this manual, shall be submitted to **MAIC** for rating.

C. CALCULATION OF PREMIUM

Subject to Paragraph E. below, the premium shall be determined on the basis of the units of exposure existing at policy inception and shall be calculated in accordance with the applicable rates and rules contained or referenced in this manual. A premium involving \$.50 or more shall be rounded to the next higher whole dollar. Interim premium adjustments including endorsements shall be calculated pro rata.

D. QUARTERLY INSTALLMENT OPTION

The developed premium is billed on a quarterly basis; 34% prior to policy issuance and 22% prior to the start of each subsequent three (3) month period, and shall be rounded to the nearest whole dollar. There are no interest charges or installment fees assessed. Any additional premium resulting from changes to the policy shall be spread equally over the remaining installments, if any. If there are no remaining installments, additional premium resulting from changes to a policy may be billed immediately as a separate transaction.

E. MINIMUM PREMIUM RULE

Except as provided in Appendix II, Section VII, no Professional Liability Claims-Made Insurance Policy may be issued for less than a premium charge of \$400 per year.

F. MATURITY YEAR

Each **Named Insured** shall, each **Policy Period**, have a designated maturity year. The measurement of the maturity year begins on the **Named Insured's Retroactive Date** and advances each subsequent year thereafter until maturity is achieved for those policies that have been issued for six (6) months or more. In the event the policy has been issued for less than six (6) months, the maturity year does not advance. See Appendix II, Section I for maturity factors.

G. FULL TIME EQUIVALENT (FTE) AND PER VISIT RATING

SPRINGFIELD. ILLINOIS

- 1. FTE/Per Visit rating is based on a certain identifiable pricing mechanism (i.e., "per-patient encounters", "per procedure", "total revenues" or "total hours") in which to assess a premium charge to a **Medical Corporation**.
- 2. FTE/Per Visit premium is not subject to a premium reduction because of :
 - a. Suspended Coverage;
 - b. Newly Practicing Physician Discount; or
 - c. Part-Time Rating.
- 3. See the rate pages contained in Appendix I, Section III. for Per Visit rates.
- 4. FTE premium is based on the full-time mature rate of the specialty presented.

VIII. CANCELLATION / NON-RENEWAL

A. BY MAIC

The earned premium shall be determined on a pro rata basis by multiplying the number of units of exposure for the period the policy was in force by the applicable rates.

B. BY THE NAMED INSURED

The earned premium shall be determined as the difference between written and return premium. Return premium will be calculated at 90% of pro rata. The earned premium so calculated shall also be subject to the Minimum Premium Rule in Section VII, Paragraph D. If the **Physician** request cancellation (written request from **Named Insured** required), reinstatement may not take effect until three (3) months after the cancellation date and will be subject to re-underwriting including the required purchase of an Extended Reporting Endorsement at the time of cancellation. If cancellation is due to death, **Retirement** or **Disability**, the earned premium shall be calculated on a pro rata basis.

C. EXTENDED REPORTING ENDORSEMENT

Refer to Appendix II, Section II for the tail factors to be applied to the annual expiring premium for the purchase of an Extended Reporting Endorsement. Said endorsement may be purchased upon policy termination or upon coverage termination of a **Named Insured** because of severance of the relationship between an additional **Named Insured** and the **Named Insured**. Either the **Named Insured** or the additional **Named Insured** may purchase an Extended Reporting Endorsement on behalf of the additional **Named Insured**.

The purchase of an Extended Reporting Endorsement is subject to the terms and conditions specified in the standard policy. The Extended Reporting Endorsement premium for an individual **Named Insured** is subject to the **Named Insured**'s specialty and territory in effect as of the policy termination date.

SPRINGFIELD. ILLINOIS

The Extended Reporting Endorsement premium for a **Medical Corporation** shall be the sum of all applicable individual Extended Reporting Endorsement premiums and any **Medical Corporation** Extended Reporting Endorsement premium as appropriate.

1.	Individual Named Insured
	Manual Rate (7 th Year Rate based upon territory and specialty)
	X Maturity Year Factor
	= Annual Base Premium
	X Part Time Factor (if applicable),
	or
	X Newly Practicing Physician Discount Factor (if applicable), (use whichever applicable factor above would provide the greatest discount)
	= Annual Adjusted Base Premium
	- Loss Free Discount (if applicable, Loss Free Discount Factor ${\sf x}$ Annual Adjusted Base Premium)
	= Annual Discounted Premium (net of loss free discount)
	X Tail Factor
	= Extended Reporting Endorsement Premium
	If the Named Insured is on suspended coverage at the date of policy cancellation, the rating factors in effect before the suspended coverage will be used.
2.	MEDICAL CORPORATIONS
	To determine the Extended Reporting Endorsement premium for a Medical Corporation , the individual Physician premiums that have a premium bearing relationship to the corporation are used. The premium is computed as follows:

For Medical Corporations with four or less Physicians with premium

Using the individual **Physician** rating method, multiply the annual adjusted base premium of each individual **Physician** by a factor of .21 (21%). Then add these amounts together to determine an annual

a.

bearing relationships:

premium.

b. For **Medical Corporations** with five or more **Physicians** with premium bearing relationships:

Determine the five highest rated **Physicians** based upon their annual adjusted base premiums. Add these annual adjusted base premiums together and divide by 5.

= Annual Base Premium

X Tail Factor

= Extended Reporting Endorsement Premium

If a **Medical Corporation** is rated on an auditable premium basis, the annual base premium is determined by multiplying the per exposure rate by the number of exposures. The tail factor is applied to the annual base premium.

- c. If Paramedical Employees are covered under the policy, add the sum of the individual Paramedical Employee premiums to the developed Medical Corporation annual base premium before applying the tail factor.
- 3. All premiums for the Extended Reporting Endorsement are payable as of the due date shown on the Extended Reporting Endorsement invoice. Any such premium not paid as of the due date shall be in default and shall be grounds for not issuing or for canceling the Extended Reporting Endorsement. Any premium received after the due date shall be refunded within ten (10) business days.
- 4. A **Named Insured** may be granted an Extended Reporting Period without cost in the event of death or **Disability**.

A Named Insured who is a Physician may obtain an Extended Reporting Endorsement at no cost or at reduced cost in the event of **Retirement** (as defined in the policy). Coverage with previous claims-made carriers may, at MAIC's option, be substituted in lieu of MAIC coverage so long as the **Physician** is insured with MAIC for at least one year prior to requesting the Extended Reporting Endorsement. Waiver of the full premium for an Extended Reporting Endorsement based on **Retirement** will be granted only once to a **Physician**.

A credit toward the purchase of the Extended Reporting Endorsement is computed as follows:

a. one-sixtieth (1/60) of the premium for each full month the retiring Physician has had consecutive coverage with MAIC for up to a total credit of 100% if the Physician has attained the age of fifty-five at Retirement; or

- b. one one-hundred twentieth (1/120) of the premium for each full month the retiring **Physician** has had consecutive coverage with **MAIC** for up to a total credit of 100%, regardless of the **Physician's** age at **Retirement**.
- 5. A **Physician** previously granted an Extended Reporting Period without cost, or at reduced cost because of **Retirement** may, in the future, be considered for insurance with **MAIC** under the following circumstances:
 - a. Completion of an application for insurance;
 - b. Reapplication after twelve (12) months;
 - c. Has reported no **Claims** or **Suits** pursuant to the Extended Reporting Endorsement; and
 - d. Payment of the appropriate premium for the period the policy was either placed on suspended coverage or rated Part-Time, 20%, Retired, Not in Practice at the same, territory and maturity year in effect at the time of termination.
- 6. The premium calculated in Paragraphs 1 or 2 above is subject to proration depending upon the policy termination date and the **Named Insured's** maturity year.
 - a. Maturity Year One The Extended Reporting Endorsement premium shall be computed on a pro rata basis for each day the policy has been in force and shall be rounded to the nearest whole dollar.
 - b. Maturity Year Two Through Maturity Year Six The Extended Reporting Endorsement premium shall be the sum of:
 - (i). The pro rated difference between the Extended Reporting Endorsement premium at the end of the current **Policy Period** and the premium that would have been charged had the policy terminated at the end of the preceding **Policy Period**; and
 - (ii). The premium that would have been charged in the preceding **Policy Period** if the policy had terminated one (1) year earlier.
 - c. Maturity Year Seven is not subject to proration.

IX. ADDITIONAL INTERESTS

The addition of coverages, persons or entities not provided for in the standard policy shall be submitted to **MAIC** for rating.

SPRINGFIELD, ILLINOIS

X. UNDERWRITING PROCEDURE

A. PHYSICIAN COVERAGE

- 1. If a **Named Insured** employs a **Physician**, all such employed **Physicians** must be insured with **MAIC**.
- 2. If a **Physician's** primary office practice and primary hospital practice are in different territories, the territory to be used for rating purposes shall be:
 - a. For non-surgical specialties not identified in b. below, the primary office practice location is used.
 - b. For surgical specialties including but not limited to those listed below and the following identified non-surgical specialties, the primary hospital location is used.
 - Anesthesiology, Cardiovascular Disease (MRP), Emergency Medicine, Family Practice (Not Primarily Major Surgery), General Practice (Not Primarily Major Surgery), Ophthalmic Surgery, Pathology, Radiology.
 - c. "Primary" means 51% or more of the **Physician's** total office or hospital practice time, as applicable, spent in a given territory.
- 3. If a **Physician** practices in two or more territories, or, if hospital-based, the **Physician** practices in two or more hospitals which are located within different territorial boundaries, the higher rated territory shall be utilized for rating purposes.
- 4. The premium shall be the sum of:
 - a. The rate applicable to the individual **Physician's** specialty, territory and maturity year which appears on the rate pages contained in Appendix I, Section I; plus,
 - b. The appropriate per person rate for each **Paramedical Employee** whose rate appears on the rate pages contained in Appendix I, Section II; plus,
 - c. Any scheduled rating credit or debit.
- 5. In the event a **Physician's** specialty rating is reduced, no additional premium charge shall be made. However, if the **Physician** terminates the policy within twenty-four (24) months from the effective date of a specialty reduction the resulting Extended Reporting Endorsement calculation shall be made at the highest specialty designation in effect while insured by **MAIC**.

B. MEDICAL CORPORATION COVERAGE

See Appendix III.

SPRINGFIELD. ILLINOIS

C. PRIOR ACTS COVERAGE

- 1. Prior Acts Coverage is available.
- 2. The appropriate maturity year will be measured as described in Section VII, Paragraph F.
- 4. The premium for Prior Acts Coverage shall be calculated as described in Section X, Paragraphs A and B.

XI. PHYSICIAN SPECIALTY

- A. Physician specialty assignment for rating purposes shall be made on the basis of:
 - 1. The **Physician's** trained medical specialty. "Trained medical specialty" is defined as:
 - a. Completion of a bona fide residency program by the **Physician**;
 - b. Completion of a bona fide residency and fellowship program by the **Physician**; or
 - c. If neither a. or b. are applicable to the **Physician's** specific circumstances, the type of medical practice engaged in by the **Physician**, and how such **Physician** is holding him/her self out to the public.
 - 2. When applicable, performance or non-performance of medical procedures in accordance with the rules contained in this manual.
- B. The initial basis of rating assignment shall be the **Physician's** trained medical specialty as described above. To the extent that the **Physician's** practice activity contemplated by the medical specialty may be increased by the performance of medical procedures not usual and customary to the trained specialty, or may be decreased by the non-performance of medical procedures that are usual and customary to the trained medical specialty, the **Physician's** rating assignment may be adjusted higher or lower as specified in Appendix II, Section IV.
- C. The Physician specialty rating schedules and rules of this manual do not apply to Physicians in active United States Military Service or to the government practice activity of Physicians employed on a full or part-time basis by any government agency, institution or facility, other than a medical school or student health center.

Physicians and Medical Corporations rendering or furnishing medical services within any government-owned or operated institution or facility (except a medical school, a facility owned or operated by a medical school or a student health center) on a fee-for-service (independent contractor) basis shall be subject to (a) rating.

SPRINGFIELD. ILLINOIS

XII. SUPPLEMENTARY RULES

A. SPECIAL RULES GOVERNING PHYSICIAN RATING

1. NEWLY PRACTICING PHYSICIAN PREMIUM DISCOUNT RULE

See Appendix II, Section V.

2. PART-TIME RATING RULE

See Appendix II, Section VI.

3. SUSPENDED COVERAGE RULE

See Appendix II, Section VIII.

4. CHANGE IN SPECIALTY MINIMUM DURATION RULE

Physicians who voluntarily request either a decrease or increase in specialty assignment may not obtain a further change in specialty assignment until a period of three (3) months has elapsed. This rule shall not apply when it conflicts with any other rule in this manual.

5. LOSS-FREE DISCOUNT

Physicians with no indemnity payments over a given experience period may qualify for a premium discount. See Appendix II, Section X.

B. RESTRICTIVE ENDORSEMENT RULE

Whenever a restrictive endorsement is attached to the policy of an employed **Physician**, **Paramedical Employee** or a **Physician** who is either an officer, director or shareholder of a **Medical Corporation**, a comparable endorsement shall be attached to the respective employer's policy if such employer is insured by **MAIC**. Such endorsement shall serve to limit the liability otherwise afforded under such policies, for the acts and omissions of the **Insured** whose individual coverage is restricted, if the **Claim** or **Suit** arises out of the excluded activity.

XIII. DEDUCTIBLES

- A. A deductible may be available to **Named Insureds** who either desire to share in their losses in return for premium savings or have demonstrated a significant adverse loss profile necessitating that they take a primary role in the management of their risk.
- **B.** A deductible requires the **Named Insured** to share financially in each and every **Claim**. Varying amounts may be arranged depending on the financial and risk management expertise of the **Named Insured**. The deductible, which is inside the limits of liability, will include indemnity payments only.

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- C. Any premium credit, because of the assumption of a deductible, must be submitted to MAIC for rating.
- **D.** A deductible may require the **Named Insured** to post a letter of credit or other suitable form of security.

DIVISION OF INSURANCE STATE OF TENOIS/IDEPR

SEP 0 1 2006

SPRINGFIELD, ILLINOI

ANNUAL 1ST YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION Bureau, Champaign, Coles.

					Coles,	namental de servicio estado a deservo en major con terrosportos en estados en entre en estados en estados en estados en estados en estados en e	
	0 1				DeKalb,		
	Cook,	laskoon	Kane,	DuPage,	Effingham,		m todayaf
	Madison,	Jackson,	McHenry,	Kankakee,	LaSalle, Ogle,	Grundy,	Remainder of
	Saint Clair,	Lake, Vermillion	Winnebago	Macon	Randolph	Sangamon	Illinois
CODE SPECIALTIES	Will	vermillon	VVIIIIODAGO		0.706	2,445	2,104
the state of the s	3,809	3,468	3,297	2,957	2,786	6,025	5,087
80254 Allergy/Immunology-NMRP	9,775	8,837	8,369	7,431	6,962	4,746	4,022
80151 Anesthesiology	7,644	6,920	6,558	5,834	5,471		15,741
81076 Bariatrics	31,081	28,013	26,479	23,412	21,878	18,819	5,727
80141 Cardiac Surgery		9,988	9,455	8,389	7,857	6,792	7,218
82042 Cardiac Surgery-MRP, NMajS	11,053	12,673	11,991	10,627	9,945	8,582	4,235
80281 Cardiovascular Disease MRP	14,036	7,303	6,934	6,153	5,769	5,002	5,727
80255 Cardiovascular Disease NMRP, NS	8,070	9,988	9,455	8,389	7,857	6,792	
82058 Cardiovascular Disease SMRP	11,053		11,991	10,627	9,945	8,582	7,218
85004 Colon Surgery	14,036	12,673	4,385	3,916	3,681	3,212	2,743
80256 Dermatology SMRP	5,087	4,619	6,558	5,834	5,471	4,746	4,022
80237 Diabetes-NMRP	7,644	6,920	13,440	11,906	11,139	9,604	8,070
80157 Emergency Medicine-MajS	15,741	14,207	11,991	10,627	9,945	8,582	7,218
80102 Emergency Medicine-NMajS, prim	14,036	12,673		3,916	3,681	3,212	2,743
80238 Endocrinology-NMRP	5,087	4,619	4,385	11,906	11,139	9,604	8,070
83009 Family Practice LMajRP	15,741	14,207	13,440	9,029	8,454	7,303	6,153
83009 Family Practice Limit Nais	11,906	10,712	10,179	5,834	5,471	4,746	4,022
80273 Family Practice MRP, NMajS	7,644	6,920	6,558		2,786	2,445	2,104
80239 Family Practice NMRP, NS	3,809	3,468	3,297	2,957	7,857	6,792	5,727
80240 Forensic Medicine-NMRP	11,053	9,988	9,45 5	8,389	8,454	7,303	6,153
80241 Gastroenterology MRP	11,906	10,712	10,179	9,029		9,604	8,070
80275 General Practice MRP, NMajS	15,741	14,207	13,440	11,906	11,139	4,746	4,022
80117 General Practice NMajS, prim	7,644	6,920	6,558	5,834	5,471	14,207	11,906
80242 General Practice NMRP, NS	23,412	21,111	19,960	17,659	16,508	6,792	5,727
80143 General Surgery	11,053	9,988	9,455	8,389	7,857	•	2,743
82074 General Surgery-MRP, NMajS	5,087	4,619	4,385	3,916	3,681	3,212	8,070
80243 Geriatrics	15,741	14,207	13,440	11,906	11,139	9,604	7,218
86053 Gynecological Surgery		12,673	11,991	10,627	9,945	8,582	4,661
80277 Gynecology/Obstetrics-MRP,NmajS	14,036	8,070	7,644	6,792	6,366	5,513	
81050 Gynecology-NMRP, NS	8,923	14,207	13,440	11,906	11,139	9,604	8,070 5,727
80169 Hand Surgery	15,741		9,455	8,389	7,857	6,792	5,727
82044 Hand Surgery-MRP,NMajS	11,053	9,988	13,440	11,906	11,139	9,604	8,070
80170 Head/Neck Surgery	15,741	14,207	6,558	5,834		4,746	4,022
80245 Hematology	7,644	6,920	6,558	5,834		4,746	4,022
80233 Industrial Medicine	7,644	6,920	6,934	6,153		5,002	4,235
80246 Infectious Disease	8,070	7,303		8,389		6,792	5,727
80284 Internal Medicine MRP	11,053	9,988	9,455	6,792		5,513	4,661
80257 Internal Medicine NMRP	8,923	8,070	7,644	18,298		14,718	12,332
	24,264	21,878	20,684	7,431		6,025	
83015 Neonatology	9,775	8,837	8,369			5,002	4,235
80287 Nephrology-MRP	8,070	7,303	6,934	6,153		6,792	
80260 Nephrology-NMRP	11,053	9,988	9,455	8,389		32,616	
80261 Neurology-NMRP	54,094	48,724	46,039	40,670		7,815	
80152 Neurosurgery	12,758	11,522	10,904	9,668		4,746	4 000
82045 Neurosurgery-MRP,NMajS	7,644	6,920	6,558	5,834		4,746	
81045 Neurosurgery-NMRP,NMajS	7,644	6,920	6,558	5,834		19,832	
80262 Nuclear Medicine-NMRP	32,786	29,547	27,928	24,689			
80153 Obstetrical/Gynecological Surgery		3,468	3,297	2,95	7 2,786	2,445	
80079 Occupational Medicine-NMRP	3,809	6,920	6,558	5,834		4,746	
80259 Oncology	7,644	6,920	6,558	5,83	4 5,471	4,746	
80114 Ophthalmic Surgery	7,644		4,385	3,910		3,212	
80263 Ophthalmology-NS	5,087	4,619	30,101	26,60		21,366	
80154 Orthopaedic Surgery w/ Spine	35,343	31,849		20,21		16,252	2 13,610
86026 Orthopaedic Surgery w/o Spine	26,820	24,179		8,38		6,792	5,727
82025 Orthopaedics-MRP, NMajS	11,053	9,988		5,83		4,746	
82025 Office addiso NMDD NS	7,644	6,920				14,71	₈ 12,332
81057 Orthopaedics-NMRP, NS		21,878	20,684	18,29		9,60	
86155 Otorhinolaryngology Other Than Head/Neck	15,741	14,207	13,440	11,90		8,58	
80155 Otorhinolaryngology; Head/Neck	14,036	12,673	11,991	10,62		6,79	
80159 Otorhinolaryngology; No Elective Plastic	11,053	9,988		8,38	9 7,857	0,10	- '
80291 Otorhinolaryngology-MRP,NMajS	11,033	5,-50					

(Edition Date: 9/1/06)

80291 Otorhinolaryngology-MRP,NMajS

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MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 1ST YEAR CLAIMS-MADE RATES \$1 MILLION / \$5 LION

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

		Cook				Coles, DeKalb,	SPRINGFI	ELD, ILLINOIS
		Cook,	Jackson,	Kane,	DuPage,	Effingham,	renne warne histori essainela milliole (ETNG) e (ETNG)	
		Madison,	Lake,	McHenry,	Kankakee,	LaSalle, Ogle,	Grundy,	Remainder of
•		Saint Clair, Will	Vermillion	Winnebago	Macon		Sangamon	Illinois
CODE	SPECIALTIES	V V III	V GITTIMOT.				2 445	2,104
90060	Otorhinolaryngology-NMRP,NS	3,809	3,468	3,297	2,957	2,786	2,445	2,743
	Pathology-NMRP	5,087	4,619	4,385	3,916	3,681	3,212	5,727
00002	Pediatrics-MRP	11,053	9,988	9,455	8,389	7,857	6,792	3,170
		5,940	5,386	5,109	4,555	4,278	3,724	2,104
80207	Pediatrics-NMRP Physical Medicine & Rehab-NMRP	3,809	3,468	3,297	2,957	2,786	2,445	12,332
		24,264	21,878	20,684	18,298	17,105	14,718	·
	Plastic Surgery	5,087	4,619	4,385	3,916	3,681	3,212	2,743
80249	Psychiatry Psychiatry Recognitive Med. NMRP	3,809	3,468	3,297	2,957	2,786	2,445	2,104
	Public Health & Preventive Med. NMRP	9,775	8,837	8,369	7,431	6,962	6,025	5,087
	Pulmonary Diseases	7,644	6,920	6,558	5,834	5,471	4,746	4,022
	Radiation Oncology	9,775	8,837	8,369	7,431	6,962	6,025	5,087
	Radiology NMRP	14,036	12,673	11,991	10,627	9,945	8,582	7,218
	Radiology-MajRP	11,053	9,988	9,455	8,389	7,857	6,792	5,727
	Radiology-MRP	5,087	4,619	4,385	3,916	3,681	3,212	2,743
	Rheumatology	31,081	28,013	26,479	23,412	21,878	18,819	15,741
	Thoracic Surgery	7,644	6,920	6,558	5,834	5,471	4,746	4,022
	Thoracic Surgery-NMRP, NS		11,522	10,904	9,668	9,065	7,815	6,579
	Urological Surgery	12,758	9,988	9,455	8,389	7,857	6,792	5,727
	Urology-MRP, NMajS	11,053	28,013	26,479	23,412	21,878	18,819	15,741
80146	Vascular Surgery	31,081	9,988	9,455	8,389	7,857	6,792	5,727
82050	Vascular Surgery-MRP, NMajS	11,053	693	659	591	557	489	420
80086	Physician, Clinical Practice Not Insurable	761 704	693	659	591	557	489	420
80179	Retired, Not in Practice	761	693	659	591	557	489	420
80085	Physician, No Clinical Practice	761	11	11	11	11	11	11
81082	Phys Treating Patients in Free Med Clinic	11		22,858	20,216	18,895	16,252	13,610
	Other, Specialty NOC	26,820	24,179	11,991	10,627	9,945	8,582	7,218
	Other, Specialty NOC	14,036	12,673	6,934	6,153	5,769	5,002	4,235
88006	Other, Specialty NOC	8,070	7,303	8,369	7,431	6,962	6,025	5,087
	Other, Specialty NOC	9,775	8,837	8,369	7,431	6,962	6,025	5,087
	Other, Specialty NOC	9,775	8,837		9,668		7,815	6,579
	Other, Specialty NOC	12,758	11,522	10,904	17,659		14,207	11,906
	Other, Specialty NOC	23,412	21,111	19,960	18,298		14,718	12,332
	Other, Specialty NOC	24,264	21,878	20,684	23,412		18,819	15,741
88016	Other, Specialty NOC	31,081	28,013	26,479	3,916		3,212	2,743
	Other, Specialty NOC	5,087	4,619	4,385	9,029		7,303	6,153
	Other, Specialty NOC	11,906	10,712	10,179	•		3,724	3,170
88003		5,940	5,386	5,109	4,555		6,792	5,727
	Other, Specialty NOC	11,053	9,988	9,455	8,389		4,746	4,022
	Other, Specialty NOC	7,644	6,920	6,558	5,834		2,445	2,104
	Other, Specialty NOC	3,809	3,468	3,297	2,957		9,604	8,070
94042	Other, Specialty NOC	15,741	14,207	13,440	11,906		19,832	16,593
96044	Other, Specialty NOC	32,786	29,547	27,928	24,689		32,616	27,246
87045	the state of the s	54,094	48,724	46,039	40,670		5,513	4,661
		8,923	8,070	7,644	6,792			17,872
88005	Other, Specialty NOC	35,343	31,849	30,101	26,607		21,366	17,072
	For Non-Standard Use	0	0	0	0	0	0	Ĭ
88046	For Non-Standard Ose							

88046 For Non-Standard Use

DIVISION OF INSURANC STATE OF ILLINOIS/IDFPR

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 2ND YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

		Cook,		Kana a	DuPage,	DeKalb, Effingham,	SPRINGE	IELD, ILLINOI
CODE	SPECIALTIES	Madison, Saint Clair, Will	Jackson, Lake, Vermillion	Kane, McHenry, Winnebago		LaSalle, Ogle, Randolph	Grundy, Sangamon	Remainder of Illinois
	All Comments of the NAMED	7,618	6,936	6,595	5,913	5,572	4,890	4,208
	Allergy/Immunology-NMRP	19,550	17,675	16,737	14,862	13,925	12,050	10,175
	Anesthesiology	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Bariatrics	62,163	56,026	52,958	46,823	43,755	37,638	31,482
	Cardiac Surgery MDD NMois	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	Cardiac Surgery-MRP, NMajS Cardiovascular Disease MRP	28,073	25,346	23,982	21,254	19,891	17,163	14,436
	Cardiovascular Disease NMRP, NS	16,141	14,607	13,868	12,305	11,538	10,004	8,470
	Cardiovascular Disease SMRP	22,107	19,976	18,910	16,779	15,715	13,584	11,453
		28,073	25,346	23,982	21,254	19,891	17,163	14,436
	Colon Surgery Dermatology SMRP	10,175	9,237	8,769	7,832	7,362	6,424	5,487
	Diabetes-NMRP	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Emergency Medicine-MajS	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Emergency Medicine-NMajS, prim	28,073	25,346	23,982	21,254	19,891	17,163	14,436
	Endocrinology-NMRP	10,175	9,237	8,769	7,832	7,362	6,424	5,487
	Family Practice LMajRP	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Family Practice MRP, NMajS	23,811	21,425	20,359	18,057	16,908	14,607	12,305
	Family Practice NMRP, NS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Forensic Medicine-NMRP	7,618	6,936	6,595	5,913	5,572	4,890	4,208
	Gastroenterology MRP	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	General Practice MRP, NMajS	23,811	21,425	20,359	18,057	16,908	14,607	12,305
	General Practice NMajS, prim	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	General Practice NMRP, NS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	General Surgery	46,823	42,221	39,920	35,317	33,016	28,414	23,811
	General Surgery-MRP, NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	Geriatrics	10,175	9,237	8,769	7,832	7,362	6,424	5,487
	Gynecological Surgery	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Gynecology/Obstetrics-MRP,NmajS	28,073	25,346	23,982	21,254	19,891	17,163	14,436
	Gynecology-NMRP, NS	17,845	16,141	15,288	13,584	12,731	11,027	9,322
80169	Hand Surgery	31,482	28,414	26,880	23,811	22,277	19,209	16,141
82044	Hand Surgery-MRP,NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453
80170	Head/Neck Surgery	31,482	28,414	26,880	23,811	22,277	19,209	16,141 8,044
80245	Hematology	15,288	13,839	13,116	11,667	10,942	9,493	8,044
80233	Industrial Medicine	15,288	13,839	13,116	11,667	10,942	9,493	8,470
80246	Infectious Disease	16,141	14,607	13,868	12,305	11,538	10,004 13,584	11,453
80284	Internal Medicine MRP	22,107	19,976	18,910	16,779	15,715 12,731	11,027	9,322
	Internal Medicine NMRP	17,845	16,141	15,288	13,584 36,596	34,209	29,437	24,664
	Neonatology	48,528	43,755	41,369		13,925	12,050	10,175
	Nephrology-MRP	19,550	17,675	16,737	14,862 12,305	11,538	10,004	8,470
	Nephrology-NMRP	16,141	14,607	13,868 18,910	16,779	15,715	13,584	11,453
	Neurology-NMRP	22,107	19,976 97,448	92,079	81,340	75,970	65,231	54,492
	Neurosurgery	108,187	23,044	21,808	19,336	18,129	15,629	13,158
	Neurosurgery-MRP,NMajS	25,516 15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Neurosurgery-NMRP,NMajS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Nuclear Medicine-NMRP	65,572	59,095	55,856	49,378	46,142	39,664	33,187
	Obstetrical/Gynecological Surgery	7,618	6,936	6,595	5,913	5,572	4,890	4,208
	Occupational Medicine-NMRP	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Oncology Ophthalmic Surgery	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	,	10,175	9,237	8,769	7,832	7,362	6,424	5,487
	Ophthalmology-NS Orthopaedic Surgery w/ Spine	70,686	63,697	60,203	53,214	49,719	42,732	35,744
	Orthopaedic Surgery w/o Spine	53,640	48,358	45,715	40,431	37,789	32,505	27,221
	Orthopaedic Surgery wio Spine Orthopaedics-MRP, NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453
	Orthopaedics-NMRP, NS	15,288	13,839	13,116	11,667	10,942	9,493	8,044
	Otorhinolaryngology Other Than Head/Neck	48,528	43,755	41,369	36,596	34,209	29,437	24,664
	Otorhinolaryngology; Head/Neck	31,482	28,414	26,880	23,811	22,277	19,209	16,141
	Otorhinolaryngology; No Elective Plastic	28,073	25,346	23,982	21,254	19,891	17,163	14,436
	Otorhinolaryngology-MRP,NMajS	22,107	19,976	18,910	16,779	15,715	13,584	11,453

DIVISIO : DF INSURANCI STATE OF ILLINOIS/IDEPR

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 2ND YEAR CLAIMS-MADE RATES \$1 MILLION / \$3LION

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

	Cook,			5.5	Cffinghom	y Arris ou a make hyyddelleughgyr ywysgan	in the state of the section of the s
	Madison,	Jackson,	Kane,	DuPage,	Effingham,	Grundy,	Remainder of
	Saint Clair,	Lake,	McHenry,		_aSalle, Ogle,	Sangamon	Illinois
OPEOIN TIEC	Will	Vermillion	Winnebago	Macon	Randolph	Sangamon	
CODE SPECIALTIES			C EOE	5,913	5,572	4,890	4,208
80060 Otorhinolaryngology-NMRP,NS	7,618	6,936	6,595	7,832	7,362	6,424	5,487
80082 Pathology-NMRP	10,175	9,237	8,769		15,715	13,584	11,453
80293 Pediatrics-MRP	22,107	19,976	18,910	16,779	8,555	7,447	6,339
80267 Pediatrics-NMRP	11,879	10,771	10,218	9,110	5,572	4,890	4,208
80235 Physical Medicine & Rehab-NMRP	7,618	6,936	6,595	5,913	34,209	29,437	24,664
	48,528	43,755	41,369	36,596		6,424	5,487
80156 Plastic Surgery	10,175	9,237	8,769	7,832	7,362	4,890	4,208
80249 Psychiatry	7,618	6,936	6,595	5,913	5,572	12,050	10,175
80236 Public Health & Preventive Med. NMRP	19,550	17,675	16,737	14,862	13,925		8,044
80269 Pulmonary Diseases	15,288	13,839	13,116	11,667	10,942	9,493	10,175
87047 Radiation Oncology	19,550	17,675	16,737	14,862	13,925	12,050	14,436
80253 Radiology NMRP	28,073	25,346	23,982	21,254	19,891	17,163	11,453
83033 Radiology-MajRP	22,107	19,976	18,910	16,779	15,715	13,584	
80280 Radiology-MRP	10,175	9,237	8,769	7,832	7,362	6,424	5,487
80252 Rheumatology		56,026	52,958	46,823	43,755	37,638	31,482
80144 Thoracic Surgery	62,163	13,839	13,116	11,667	10,942	9,493	8,044
81065 Thoracic Surgery-NMRP, NS	15,288	23,044	21,808	19,336	18,129	15,629	13,158
80145 Urological Surgery	25,516	19,976	18,910	16,779	15,715	13,584	11,453
82040 Urology-MRP, NMajS	22,107	56,026	52,958	46,823	43,755	37,638	31,482
80146 Vascular Surgery	62,163	19,976	18,910	16,779	15,715	13,584	11,453
82050 Vascular Surgery-MRP, NMajS	22,107	•	1,318	1,182	1,114	977	841
80086 Physician, Clinical Practice Not Insurable	1,523	1,386	1,318	1,182	1,114	977	841
80179 Retired, Not in Practice	1,523	1,386	1,318	1,182	1,114	977	841
80085 Physician, No Clinical Practice	1,523	1,386	23	23	23	23	23
81082 Phys Treating Patients in Free Med Clinic	23	23		40,431	37,789	32,505	27,221
85043 Other, Specialty NOC	53,640	48,358	45,715	21,254	19,891	17,163	14,436
93041 Other, Specialty NOC	28,073	25,346	23,982	12,305	11,538	10,004	8,470
3006 Other, Specialty NOC	16,141	14,607	13,868	14,862	13,925	12,050	10,175
88007 Other, Specialty NOC	19,550	17,675	16,737	14,862	13,925	12,050	10,175
88009 Other, Specialty NOC	19,550	17,675	16,737		18,129	15,629	13,158
88010 Other, Specialty NOC	25,516	23,044	21,808	19,336	33,016	28,414	23,811
88013 Other, Specialty NOC	46,823	42,221	39,920	35,317	34,209	29,437	24,664
88014 Other, Specialty NOC	48,528	43,755	41,369	36,596	43,755	37,638	31,482
88016 Other, Specialty NOC	62,163	56,026	52,958	46,823	7,362	6,424	5,487
88002 Other, Specialty NOC	10,175	9,237	8,769	7,832	16,908	14,607	12,305
88002 Other, Specialty NOC	23,811	21,425	20,359	18,057		7,447	6,339
88019 Other, Specialty NOC	11,879	10,771	10,218	9,110	8,555	13,584	11,453
88003 Other, Specialty NOC	22,107	19,976	18,910	16,779	15,715	9,493	8,044
80294 Other, Specialty NOC	15,288	13,839	13,116	11,667	10,942	4,890	4,208
80268 Other, Specialty NOC	7,618	6,936	6,595	5,913	5,572		16,141
80084 Other, Specialty NOC	31,482	28,414	26,880	23,811	22,277	19,209	33,187
84042 Other, Specialty NOC	65,572	59,095	55,856	49,378	46,142	39,664	54,492
86044 Other, Specialty NOC	108,187	97,448	92,079	81,340	75,970	65,231	9,322
87045 Other, Specialty NOC	17,845	16,141	15,288	13,584	12,731	11,027	9,322 35,744
88005 Other, Specialty NOC	70,686	63,697	60,203	53,214	49,719	42,732	35,744 0
88018 Other, Specialty NOC	70,080	00,007	0	0	0	0	U
88046 For Non-Standard Use	U	Ů					

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 3RD YEAR CLAIMS-MADE RATES \$1 MILLION / \$3LION

SEP 0 1 2006

Bureau, Champaign, Cdles, DeKalb,

					DeKalb.	Communication and adjust to the Communication of th	The same of the sa
	Cook, Madison, Saint Clair,	Jackson, Lake,	Kane, McHenry, Winnebago	DuPage, Kankakee, ^I Macon	Derkain, Effingham, LaSalle, Ogle, Randolph		Remainder of Illinois
CODE SPECIALTIES	Will	Vermillion	Williebago		8,693	7,629	6,565
the state of the s	11,884	10,820	10,288	9,224	21,723	18,797	15,872
80254 Allergy/Immunology-NMRP	30,498	27,573	26,110	23,185	17,069	14,809	12,548
80151 Anesthesiology	23,850	21,590	20,461	18,201 73,045	68,258	58,715	49,112
81076 Bariatrics	96,974	87,401	82,615	26,175	24,515	21,191	17,867
80141 Cardiac Surgery	34,487	31,163	29,499	33,157	31,030	26,775	22,520
82042 Cardiac Surgery-MRP, NMajS	43,794	39,539	37,412	19,196	18,000	15,606	13,213
80281 Cardiovascular Disease MRP	25,179	22,786	21,634	26,175	24,515	21,191	17,867
80255 Cardiovascular Disease NMRP, NS	34,487	31,163	29,499 37,412	33,157	31,030	26,775	22,520
82058 Cardiovascular Disease SMRP	43,794	39,539	13,680	12,217	11,485	10,022	8,560 12,548
85004 Colon Surgery 80256 Dermatology SMRP	15,872	14,410	20,461	18,201	17,069	14,809	25,179
80236 Dermatology Switch 80237 Diabetes-NMRP	23,850	21,590	41,932	37,146	34,752	29,966	22,520
80237 Diabetes Hund 80157 Emergency Medicine-MajS	49,112	44,326 39,539	37,412	33,157	31,030	26,775	8,560
80102 Emergency Medicine-NMajS, prim	43,794	14,410	13,680	12,217	11,485	10,022 29,966	25,179
80238 Endocrinology-NMRP	15,872	44,326	41,932	37,146	34,752	29,900	19,196
ganno Family Practice LMajRP	49,112	33,423	31,759	28,170	26,376	14,809	12,548
80273 Family Practice MRP, NMajo	37,146 23,850	21,590	20,461	18,201	17,069	7,629	6,565
80239 Family Practice NMRP, NS	11,884	10,820	10,288	9,224	8,693 24,515	21,191	17,867
80240 Forensic Medicine-NMRP	34,487	31,163	29,499	26,175	26,376	22,786	19,196
80241 Gastroenterology MRP	37,146	33,423	31,759	28,170	34,752	29,966	25,179
80275 General Practice MRP, NMajS	49,112	44,326	41,932	37,146	17,069	14,809	12,548
80117 General Practice NMajS, prim	23,850	21,590	20,461	18,201	51,505	44,326	37,146
80242 General Practice NMRP, NS	73,045	65,865	62,275	55,095 26,175	24,515	21,191	17,867
80143 General Surgery	34,487	31,163	29,499	12,217	11,485	10,022	8,560
82074 General Surgery-MRP, NMajS	15,872	14,410	13,680	37,146	24.750	29,966	25,179
80243 Geriatrics	49,112	44,326	41,932 37,412	33,157		26,775	22,520
86053 Gynecological Surgery 30277 Gynecology/Obstetrics-MRP,NmajS	43,794	39,539	23,850	21,191		17,202	14,543 25,179
81050 Gynecology-NMRP, NS	27,839	25,179	41,932	37,146	34,752	29,966	17,867
80169 Hand Surgery	49,112	44,326	29,499	26,175	24,515	21,191	25,179
80169 Hand Surgery-MRP,NMajS	34,487	31,163 44,326	41,932	37,146	34,752	29,966	12,548
80170 Head/Neck Surgery	49,112	21,590	20,461	18,201	17,069	14,809 14,809	12,548
80245 Hematology	23,850	21,590	20,461	18,201		15,606	13,213
80233 Industrial Medicine	23,850 25,179	22,786	21,634	19,196		21,191	17,867
80246 Infectious Disease	34,487	31,163	29,499	26,175	10.004	17,202	14,543
80284 Internal Medicine MRP	27,839	25,179	23,850	21,191		45,921	38,475
80257 Internal Medicine NMRP	75,704	68,258	64,535	57,090	- 4 700	18,797	15,872
83015 Neonatology	30,498	27,573	26,110	23,185 19,196	40.000	15,606	; 13,213
80287 Nephrology-MRP	25,179	22,786	21,634	26,17	- 4 - 4 -	21,191	17,867
80260 Nephrology-NMRP	34,487	31,163	29,499	126,89		101,761	85,008
80261 Neurology-NMRP	168,772	152,019		30,16		24,382	
80152 Neurosurgery	39,805	35,949		18,20	47.000	14,809	40.540
82045 Neurosurgery-MRP,NMajS 81045 Neurosurgery-NMRP,NMajS	23,850	21,590	00.404	18,20	47 000	14,809	# A 7774
81045 Neurosurgery-HWR (HMS) 80262 Nuclear Medicine-NMRP	23,850	21,590	07.405		0 71,981	61,876	2 505
80262 Nuclear Medicine Managery 80153 Obstetrical/Gynecological Surgery	102,293	92,188			8,693	7,629	
80079 Occupational Medicine-NMRP	11,884	10,820 21,590	101	18,20	17,069	14,809	0.540
80259 Oncology	23,850	21,590	404	18,20	17,069		0.500
80114 Ophthalmic Surgery	23,850	14,410		12,21			
80263 Ophthalmology-NS	15,872		·	83,01			
80154 Orthopaedic Surgery w/ Spine	110,270	100		63,07	~ 1 5 4 5		47.007
86026 Orthopaedic Surgery w/o Spine	83,678 34,487	04.400		26,17			10.510
82025 Orthopaedics-MRP, NMaJS	23,850			18,20			22.475
94057 Orthonaedics-NMRP, NS		00.050	g 64,535				
86155 Otorhinolaryngology Other Than Head/Neck	49,112		6 41,932				
entss Otorbinolaryngology; Head/Neck	43,794		9 37,412				
80159 Otorhinolaryngology; No Elective Plastic	34,487	24.40		9 26,1	10 24,010	· '	
80291 Otorhinolaryngology-MRP,NMajS	5.,75						

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 3RD YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 M...LION

SEP 0 1 2006

Bureau, Champaign, Coles.

Coles,
DeKalo, SPRINGFIELD, ILLINOIS

		Cook,				DeKalb,	SPRINGF	FIELD. ILLINOIS
CODE	SPECIALTIES	Madison, Saint Clair, Will	Jackson, Lake, Vermillion	Kane, McHenry, Winnebago	DuPage, Kankakee, Macon	Effingham, LaSalle, Ogle, Randolph	Grundy, Sangamon	Remainder of Illinois
	***************************************	44.004	10.920	10,288	9,224	8,693	7,629	6,565
	Otorhinolaryngology-NMRP,NS	11,884	10,820 14,410	13,680	12,217	11,485	10,022	8,560
80082	Pathology-NMRP	15,872	31,163	29,499	26,175	24,515	21,191	17,867
80293	Pediatrics-MRP	34,487	16,803	15,940	14,212	13,346	11,618	9,889
80267	Pediatrics-NMRP	18,532	10,820	10,288	9,224	8,693	7,629	6,565
80235	Physical Medicine & Rehab-NMRP	11,884	68,258	64,535	57,090	53,367	45,921	38,475
80156	Plastic Surgery	75,704	14,410	13,680	12,217	11,485	10,022	8,560
80249	Psychiatry	15,872	10,820	10,288	9,224	8,693	7,629	6,565
80236	Public Health & Preventive Med. NMRP	11,884	27,573	26,110	23,185	21,723	18,797	15,872
80269	Pulmonary Diseases	30,498		20,461	18,201	17,069	14,809	12,548
87047	Radiation Oncology	23,850	21,590 27,573	26,110	23,185	21,723	18,797	15,872
80253	Radiology NMRP	30,498	•	37,412	33,157	31,030	26,775	22,520
	Radiology-MajRP	43,794	39,539 31,163	29,499	26,175	24,515	21,191	17,867
80280	Radiology-MRP	34,487		13,680	12,217	11,485	10,022	8,560
	Rheumatology	15,872	14,410	82,615	73,045	68,258	58,715	49,112
80144	Thoracic Surgery	96,974	87,401 21,590	20,461	18,201	17,069	14,809	12,548
81065	Thoracic Surgery-NMRP, NS	23,850		34,020	30,164	28,282	24,382	20,526
80145	Urological Surgery	39,805	35,949	29,499	26,175	24,515	21,191	17,867
82040	Urology-MRP, NMajS	34,487	31,163	82,615	73,045	68,258	58,715	49,112
80146	Vascular Surgery	96,974	87,401 31,163	29,499	26,175	24,515	21,191	17,867
82050	Vascular Surgery-MRP, NMajS	34,487	2,163	2,056	1,844	1,737	1,525	1,312
8008	Physician, Clinical Practice Not Insurable	2,376	2,163	2,056	1,844	1,737	1,525	1,312
80179	Retired, Not in Practice	2,376	2,163	2,056	1,844	1,737	1,525	1,312
8008	Physician, No Clinical Practice	2,376	2,103	35	35	35	35	35
81083	Phys Treating Patients in Free Med Clinic	35	75,438	71,316	63,073	58,951	50,708	42,464
8504	3 Other, Specialty NOC	83,678	39,539	37,412	33,157	31,030	26,775	22,520
3304	Other, Specialty NOC	43,794	22,786	21,634	19,196	18,000	15,606	13,213
3800	Other, Specialty NOC	25,179	27,573	26,110	23,185	21,723	18,797	15,872
8800	7 Other, Specialty NOC	30,498	27,573	26,110	23,185	21,723	18,797	15,872
8800	Other, Specialty NOC	30,498	35,949	34,020	30,164	28,282	24,382	20,526
	Other, Specialty NOC	39,805	65,865	62,275	55,095	51,505	44,326	37,146
	Other, Specialty NOC	73,045	68,258	64,535	57,090	53,367	45,921	38,475
8801	4 Other, Specialty NOC	75,704	87,401	82,615	73,045		58,715	49,112
8801	6 Other, Specialty NOC	96,974	14,410	13,680	12,217		10,022	8,560
8800	2 Other, Specialty NOC	15,872	33,423	31,759	28,170	26,376	22,786	19,196
8801		37,146	16,803	15,940	14,212		11,618	9,889
8800	3 Other, Specialty NOC	18,532	31,163	29,499	26,175		21,191	17,867
8029		34,487	21,590	20,461	18,201	17,069	14,809	
8026	8 Other, Specialty NOC	23,850	10,820	10,288	9,224		7,629	
8008	4 Other, Specialty NOC	11,884	44,326	41,932	37,146		29,966	
8404	2 Other, Specialty NOC	49,112	92,188	87,135	77,030		61,876	
8604	4 Other, Specialty NOC	102,293	152,019	143,643	126,890		101,761	85,008
8704	5 Other, Specialty NOC	168,772	25,179	23,850	21,191		17,202	
8800	5 Other, Specialty NOC	27,839	99,368	93,916	83,014		66,663	_
	8 Other, Specialty NOC	110,270 0	99,300	0.00	C	_	0	0
8804	6 For Non-Standard Use	U	O	· ·				



MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 4TH YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 M.__ION

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

CONNECTED ILLINOIS

	Caali					al/(G-1)	ELD ILLINOIS
	Cook, Madison,	Jackson,	Kane,	DuPage,	Effingham,	Grundy	Remainder of
	Saint Clair,	Lake,	McHenry,	Kankakee, Macon	LaSalle, Ogle, Randolph	Sangamon	Illinois
CODE SPECIALTIES	Will	Vermillion	Winnebago		10,308	9,047	7,786
80254 Allergy/Immunology-NMRP	14,093	12,831	12,201	10,939 27,495	25,761	22,292	18,823
80151 Anesthesiology	36,167	32,698	30,964	21,584	20,242	17,562	14,881
81076 Bariatrics	28,283	25,603	24,265	86,623	80,947	69,630	58,242
80141 Cardiac Surgery	115,002	103,649	97,973	31,041	29,072	25,130	21,188
82042 Cardiac Surgery-MRP, NMajS	40,898	36,956	34,983 44,366	39,321	36,798	31,752	26,707
80281 Cardiovascular Disease MRP	51,935	46,889	25,656	22,765	21,346	18,508	15,669
80255 Cardiovascular Disease NMRP, NS	29,860	27,022	34,983	31,041	29,072	25,130	21,188
82058 Cardiovascular Disease SMRP	40,898	36,956	44,366	39,321	36,798	31,752	26,707
85004 Colon Surgery	51,935	46,889	16,223	14,489	13,620	11,885	10,151
80256 Dermatology SMRP	18,823	17,089	24,265	21,584	20,242	17,562	14,881
80237 Diabetes-NMRP	28,283	25,603 52,566	49,727	44,051	41,213	35,537	29,860
80157 Emergency Medicine-MajS	58,242	46,889	44,366	39,321	36,798	31,752	26,707
80102 Emergency Medicine-NMajS, prim	51,935	17,089	16,223	14,489	13,620	11,885	10,151
80238 Endocrinology-NMRP	18,823	52,566	49,727	44,051	41,213	35,537	29,860 22,765
83009 Family Practice LMajRP	58,242	39,636	37,663	33,406	31,279	27,022	14,881
80273 Family Practice MRP, NMajS	44,051	25,603	24,265	21,584	20,242	17,562	7,786
80239 Family Practice NMRP, NS	28,283 14,093	12,831	12,201	10,939	10,308	9,047	21,188
80240 Forensic Medicine-NMRP	40,898	36,956	34,983	31,041	29,072	25,130	22,765
80241 Gastroenterology MRP	44,051	39,636	37,663	33,406	31,279	27,022	29,860
80275 General Practice MRP, NMajS	58,242	52,566	49,727	44,051	41,213	35,537	14,881
80117 General Practice NMajS, prim	28,283	25,603	24,265	21,584	20,242	17,562	44,051
80242 General Practice NMRP, NS	86,623	78,109	73,852	65,337	61,080	52,566 25,130	21,188
80143 General Surgery	40,898	36,956	34,983	31,041	29,072	11,885	10,151
82074 General Surgery-MRP, NMajS	18,823	17,089	16,223	14,489	13,620	35,537	29,860
80243 Geriatrics	58,242	52,566	49,727	44,051	41,213	31,752	26,707
96053 Gynecological Surgery	51,935	46,889	44,366	39,321	36,798	20,400	17,246
0277 Gynecology/Obstetrics-MRP,NmajS	33,014	29,860	28,283	25,130	23,553 41,213	35,537	29,860
81050 Gynecology-NMRP, NS	58,242	52,566	49,727	44,051	29,072	25,130	21,188
80169 Hand Surgery	40,898	36,956	34,983	31,041	41,213	35,537	29,860
82044 Hand Surgery-MRP,NMajS	58,242	52,566	49,727	44,051	20,242	17,562	14,881
80170 Head/Neck Surgery	28,283	25,603	24,265	21,584 21,584	20,242	17,562	14,881
80245 Hematology 80233 Industrial Medicine	28,283	25,603	24,265	22,765	21,346	18,508	15,669
80246 Infectious Disease	29,860	27,022	25,656	31,041	29,072	25,130	21,188
80284 Internal Medicine MRP	40,898	36,956	34,983	25,130	23,553	20,400	17,246
80257 Internal Medicine NMRP	33,014	29,860	28,283 76,532	67,702	63,287	54,458	45,628
83015 Neonatology	89,777	80,947	30,964	27,495	25,761	22,292	18,823
80287 Nephrology-MRP	36,167	32,698	25,656	22,765	21,346	18,508	15,669
80260 Nephrology-NMRP	29,860	27,022	34,983	31,041	29,072	25,130	21,188
80261 Neurology-NMRP	40,898	36,956	170,346	150,478	140,545	120,678	100,811
80152 Neurosurgery	200,146	180,279 42,632	40,344	35,771	33,539	28,914	24,342
82045 Neurosurgery-MRP,NMajS	47,205	25,603	24,265	21,584	20,242	17,562	14,881
81045 Neurosurgery-NMRP,NMajS	28,283	25,603	24,265	21,584		17,562	14,881
80262 Nuclear Medicine-NMRP	28,283	109,325	103,334	91,350	85,362	73,379	61,395 7,786
80153 Obstetrical/Gynecological Surgery	121,309	12,831	12,201	10,939		9,047	14,881
80079 Occupational Medicine-NMRP	14,093	25,603	24,265	21,584		17,562	14,881
80259 Oncology	28,283	25,603	24,265	21,584		17,562	10,151
80114 Ophthalmic Surgery	28,283	17,089	16,223	14,489		11,885	66,126
80263 Ophthalmology-NS	18,823 130,769	117,840	111,375	98,446		79,055	50,358
80154 Orthopaedic Surgery w/ Spine	99,234	89,462	84,574	74,798		60,134	21,188
86026 Orthopaedic Surgery w/o Spine	40,898	36,956	34,983	31,041		25,130 17,562	
82025 Orthopaedics-MRP, NMajS	28,283	25,603	24,265	21,584		17,562	
81057 Orthopaedics-NMRP, NS		80,947	76,532	67,702		54,458 35,537	
86155 Otorhinolaryngology Other Than Head/Neck	58,242	52,566		44,05		35,537	
80155 Otorhinolaryngology; Head/Neck	51,935	46,889		39,32		100	
80159 Otorhinolaryngology; No Elective Plastic	40,898	36,956		31,04	1 29,072	25,130	21,.00
80291 Otorhinolaryngology-MRP,NMajS	40,000	= - ,					

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 4TH YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

ON STATE OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

		. .				DeKalb.		ST 1 Tong Sungtreif & # Water Steen S. W.	. 400
2225	ODECIAL TIES	Cook, Madison, Saint Clair, Will	Jackson, Lake, Vermillion	Kane, McHenry, Winnebago	DuPage, Kankakee, Macon	Effingham, LaSalle, Ogle, Randolph	Grundy, Sangamon	Remainder of Illinois	VC2803448
CODE	SPECIALTIES		40.004	12,201	10,939	10,308	9,047	7,786	
80060	Otorhinolaryngology-NMRP,NS	14,093	12,831	16,223	14,489	13,620	11,885	10,151	
80082	Pathology-NMRP	18,823	17,089	34,983	31,041	29,072	25,130	21,188	
80293	Pediatrics-MRP	40,898	36,956	18,904	16,854	15,827	13,777	11,728	
80267	Pediatrics-NMRP	21,976	19,927	12,201	10,939	10,308	9,047	7,786	
80235	Physical Medicine & Rehab-NMRP	14,093	12,831	76,532	67,702	63,287	54,458	45,628	
80156	Plastic Surgery	89,777	80,947		14,489	13,620	11,885	10,151	
	Psychiatry	18,823	17,089	16,223 12,201	10,939	10,308	9,047	7,786	
80236	Public Health & Preventive Med. NMRP	14,093	12,831	30,964	27,495	25,761	22,292	18,823	
80269	Pulmonary Diseases	36,167	32,698		21,584	20,242	17,562	14,881	
87047	Radiation Oncology	28,283	25,603	24,265	27,495	25,761	22,292	18,823	
	Radiology NMRP	36,167	32,698	30,964	39,321	36,798	31,752	26,707	
	Radiology-MajRP	51,935	46,889	44,366	31,041	29,072	25,130	21,188	
80280		40,898	36,956	34,983	14,489	13,620	11,885	10,151	
80252		18,823	17,089	16,223	86,623	80,947	69,630	58,242	
	Thoracic Surgery	115,002	103,649	97,973		20,242	17,562	14,881	
04065	Thoracic Surgery-NMRP, NS	28,283	25,603	24,265	21,584	33,539	28,914	24,342	
	Urological Surgery	47,205	42,632	40,344	35,771	29,072	25,130	21,188	
	Urology-MRP, NMajS	40,898	36,956	34,983	31,041	80,947	69,630	58,242	
	Vascular Surgery	115,002	103,649	97,973	86,623	29,072	25,130	21,188	
		40,898	36,956	34,983	31,041	2,060	1,808	1,556	
82050		2,817	2,565	2,439	2,186	2,060	1,808	1,556	
80086		2,817	2,565	2,439	2,186	2,060	1,808	1,556	
80179	Physician, No Clinical Practice	2,817	2,565	2,439	2,186	42	42	42	
		42	42	42	42	69,910	60,134	50,358	
81082	Other, Specialty NOC	99,234	89,462	84,574	74,798	•	31,752	26,707	
		51,935	46,889	44,366	39,321	36,798 21,346	18,508	15,669	
3041	Other, Specialty NOC Other, Specialty NOC	29,860	27,022	25,656	22,765	25,761	22,292	18,823	
	Other, Specialty NOC	36,167	32,698	30,964	27,495	25,761	22,292	18,823	
88007	Other, Specialty NOC	36,167	32,698	30,964	27,495		28,914	24,342	
88009	Other, Specialty NOC	47,205	42,632	40,344	35,771	33,539	52,566	44,051	
88010	Other, Specialty NOC	86,623	78,109	73,852	65,337	61,080	54,458	45,628	
	Other, Specialty NOC	89,777	80,947	76,532	67,702	63,287	69,630	58,242	
	Other, Specialty NOC	115,002	103,649	97,973	86,623	80,947	11,885	10,151	
88016	Other, Specialty NOC	18,823	17,089	16,223	14,489	13,620	27,022	22,765	
88002	Other, Specialty NOC	44,051	39,636	37,663	33,406		13,777	11,728	
88019	Other, Specialty NOC	21,976	19,927	18,904	16,854		25,130	21,188	
88003	Other, Specialty NOC	40,898	36,956	34,983	31,041	29,072	17,562	14,881	
	Other, Specialty NOC	28,283	25,603	24,265	21,584		9,047	7,786	
	Other, Specialty NOC	14,093	12,831	12,201	10,939		35,537	29,860	
	Other, Specialty NOC	58,242	52,566	49,727	44,051				
	Other, Specialty NOC	121,309	109,325	103,334	91,350		73,379		
	Other, Specialty NOC	200,146	180,279	170,346	150,478	** ==0	120,678		
87045	Other, Specialty NOC	33,014	29,860	28,283	25,130		20,400		
88005	Other, Specialty NOC	130,769	117,840	111,375	98,446		79,055		
	3 Other, Specialty NOC	130,709	0	0	C	0	0	U	
88046	For Non-Standard Use	Ū							

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 5TH YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR FILED

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

	Oneli				Dekalo,		
	Cook,	Laskoon	Kane,	DuPage,	Effingham;	entragente con esta entragen de la companya de la c	Doindor of
	Madison,	Jackson,	McHenry.	Kankakee, l	_aSalle, Ogle,		Remainder of
	Saint Clair,	Lake,		Macon	Randolph	Sangamon	Illinois
TO THE PART OF THE	Will	Vermillion	Winnebago				7,996
CODE SPECIALTIES		10.470	12,530	11,235	10,587	9,292	
All	14,474	13,178		28,238	26,457	22,894	19,332
80254 Allergy/Immunology-NMRP	37,145	33,582	31,801		20,789	18,036	15,283
80151 Anesthesiology	29,048	26,295	24,920	22,167	83,135	71,511	59,816
81076 Bariatrics	118,110	106,450	100,620	88,965		25,809	21,761
80141 Cardiac Surgery		37,954	35,928	31,880	29,858		27,429
82042 Cardiac Surgery-MRP, NMajS	42,003		45,565	40,383	37,793	32,611	·
t Pi MDO	53,338	48,156	26,349	23,380	21,923	19,008	16,093
	30,667	27,752		31,880	29,858	25,809	21,761
80255 Cardiovascular Disease NMRP, NS	42,003	37,954	35,928		37,793	32,611	27,429
82058 Cardiovascular Disease SMRP	53,338	48,156	45,565	40,383		12,206	10,425
85004 Colon Surgery	19,332	17,550	16,662	14,880	13,988	18,036	15,283
80256 Dermatology SMRP		26,295	24,920	22,167	20,789		30,667
80237 Diabetes-NMRP	29,048		51,071	45,242	42,327	36,497	
80157 Emergency Medicine-MajS	59,816	53,986		40,383	37,793	32,611	27,429
80157 Emergency Medicine MMaiS prim	53,338	48,156	45,565	14,880	13,988	12,206	10,425
80102 Emergency Medicine-NMajS, prim	19,332	17,550	16,662		42,327	36,497	30,667
80238 Endocrinology-NMRP	59,816	53,986	51,071	45,242		27,752	23,380
83009 Family Practice LMajRP	45,242	40,707	38,681	34,309	32,125	18,036	15,283
80273 Family Practice MRP, NMajS		26,295	24,920	22,167	20,789		7,996
80239 Family Practice NMRP, NS	29,048		12,530	11,235	10,587	9,292	
80240 Forensic Medicine-NMRP	14,474	13,178	· ·	31,880	29,858	25,809	21,761
80240 Forensic Wedicine-William	42,003	37,954	35,928	34,309	32,125	27,752	23,380
80241 Gastroenterology MRP	45,242	40,707	38,681		42,327	36,497	30,667
80275 General Practice MRP, NMajS	59,816	53,986	51,071	45,242		18,036	15,283
80117 General Practice NMajS, prim		26,295	24,920	22,167	20,789	53,986	45,242
80242 General Practice NMRP, NS	29,048	80,220	75,848	67,103	62,731		21,761
80143 General Surgery	88,965		35,928	31,880	29,858	25,809	
	42,003	37,954	16,662	14,880	13,988	12,206	10,425
	19,332	17,550	· ·	45,242	42,327	36,497	30,667
1)243 Geriatrics	59,816	53,986	51,071		37,793	32,611	27,429
3053 Gynecological Surgery	53,338	48,156	45,565	40,383	24,190	20,951	17,712
80277 Gynecology/Obstetrics-MRP,NmajS	33,906	30,667	29,048	25,809		36,497	30,667
81050 Gynecology-NMRP, NS		53,986	51,071	45,242	42,327		21,761
80169 Hand Surgery	59,816		35,928	31,880	29,858	25,809	30,667
82044 Hand Surgery-MRP,NMajS	42,003	37,954	51,071	45,242	42,327	36,497	
82044 Hallu Surgery Wild J. Wall	59,816	53,986		22,167	20,789	18,036	15,283
80170 Head/Neck Surgery	29,048	26,295	24,920	22,167	20,789	18,036	15,283
80245 Hematology	29,048	26,295	24,920		21,923	19,008	16,093
80233 Industrial Medicine	30,667	27,752	26,349	23,380	~~ ~=	25,809	21,761
80246 Infectious Disease	42,003	37,954	35,928	31,880		20,951	17,712
80284 Internal Medicine MRP		30,667	29,048	25,809			
80257 Internal Medicine NMRP	33,906		78,601	69,532	64,998	55,929	40.000
83015 Neonatology	92,203	83,135	31,801	28,238	26,457	22,894	
83015 Neonatology	37,145	33,582		23,380	~ . ^ ^ ^	19,008	16,093
80287 Nephrology-MRP	30,667	27,752	26,349	31,880	050	25,809	21,761
80260 Nephrology-NMRP	42,003	37,954	35,928			123,939	103,535
80261 Neurology-NMRP	205,556	185,152	174,950	154,545	- 1 110	29,696	
80152 Neurosurgery		43,784	41,434	36,738	34,446		
82045 Neurosurgery-MRP,NMajS	48,480	26,295	24,920	22,167	20,789	18,036	
81045 Neurosurgery-NMRP,NMajS	29,048		24,920	22,167	20,789	18,036	
80262 Nuclear Medicine-NMRP	29,048	26,295		93,819	07.000	75,36	
80262 Nuclear Medicine Time	124,587	112,280	106,126	11,235		9,29	2 7,996
80153 Obstetrical/Gynecological Surgery	14,474	13,178	12,530			18,03	3 15,283
80079 Occupational Medicine-NMRP	29,048	26,295	24,920	22,167		18,03	
80259 Oncology		26,295	24,920	22,167	7 20,789		
80114 Ophthalmic Surgery	29,048	17,550	16,662	14,880		12,20	
80263 Ophthalmology-NS	19,332		444.005	101,106	94,467	81,19	
00203 Ophinamology 140	134,303	121,025	050	76,819	700	61,75	
80154 Orthopaedic Surgery w/ Spine	101,916	91,879				25,80	9 21,761
86026 Orthopaedic Surgery w/o Spine	42,003	37,954	35,928	31,880		18,03	4 = 000
82025 Orthopaedics-MRP, NMajS		26,295		22,16		55,92	
81057 Orthonaedics-NMRP, NS	29,048	83,135	004	69,53	2 64,998		
86155 Otorhinolaryngology Other Than Head/Neck	92,203		- 4 0 - 4	45,24		36,49	
80155 Otorhinolaryngology; Head/Neck	59,816	53,986	45.505			32,61	
80155 Otominolaryngology, Fleadintook	53,338	48,156				00	9 21,761
80159 Otorhinolaryngology; No Elective Plastic	42,003	37,954	35,928	31,88	20,000		
0291 Otorhinolaryngology-MRP,NMajS	72,000						

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 5TH YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

		Cook,				DeKalb,	SPAIN(RIELD. ILLINC
		Madison,	Jackson,	Kane,	DuPage,	Effingham,		Remainder of
		Saint Clair,	Lake,	McHenry,		LaSalle, Ogle, Randolph	Sangamon	Illinois
0005	CDECIAL TIES	Will	Vermillion	Winnebago	Macon	Randolph	Gariganion	
	SPECIALTIES		13,178	12,530	11,235	10,587	9,292	7,996
80060	Otorhinolaryngology-NMRP,NS	14,474	17,550	16,662	14,880	13,988	12,206	10,425
80082	Pathology-NMRP	19,332	37,954	35,928	31,880	29,858	25,809	21,761
80293	Pediatrics-MRP	42,003	20,465	19,414	17,309	16,255	14,150	12,045
80267	Pediatrics-NMRP	22,570	13,178	12,530	11,235	10,587	9,292	7,996
80235	Physical Medicine & Rehab-NMRP	14,474	83,135	78,601	69,532	64,998	55,929	46,861
80156	Plastic Surgery	92,203	17,550	16,662	14,880	13,988	12,206	10,425
80249	Psychiatry	19,332	13,178	12,530	11,235	10,587	9,292	7,996
80236	Public Health & Preventive Med. NMRP	14,474	33,582	31,801	28,238	26,457	22,894	19,332
80269	Pulmonary Diseases	37,145	26,295	24,920	22,167	20,789	18,036	15,283
87047	Radiation Oncology	29,048	33,582	31,801	28,238	26,457	22,894	19,332
80253	Radiology NMRP	37,145		45,565	40,383	37,793	32,611	27,429
83033	Radiology-MajRP	53,338	48,156	35,928	31,880	29,858	25,809	21,761
80280	Radiology-MRP	42,003	37,954	16,662	14,880	13,988	12,206	10,425
80252	Rheumatology	19,332	17,550	100,620	88,965	83,135	71,511	59,816
80144	Thoracic Surgery	118,110	106,450	24,920	22,167	20,789	18,036	15,283
81065	Thoracic Surgery-NMRP, NS	29,048	26,295	41,434	36,738	34,446	29,696	24,999
80145	Urological Surgery	48,480	43,784	35,928	31,880	29,858	25,809	21,761
82040	Urology-MRP, NMajS	42,003	37,954	100,620	88,965	83,135	71,511	59,816
80146	Vascular Surgery	118,110	106,450	35,928	31,880	29,858	25,809	21,761
82050	Vascular Surgery-MRP, NMajS	42,003	37,954	2,505	2,246	2,116	1,857	1,598
80086	Physician, Clinical Practice Not Insurable	2,893	2,634	2,505	2,246	2,116	1,857	1,598
80179		2,893	2,634	2,505	2,246	2,116	1,857	1,598
80085	Physician, No Clinical Practice	2,893	2,634	43	43	43	43	43
81082	Phys Treating Patients in Free Med Clinic	43	43	86,859	76,819	71,799	61,759	51,719
85043	Other, Specialty NOC	101,916	91,879	45,565	40,383	37,793	32,611	27,429
3041	Other, Specialty NOC	53,338	48,156	26,349	23,380	21,923	19,008	16,093
006	Other, Specialty NOC	30,667	27,752	31,801	28,238	26,457	22,894	19,332
88007	Other, Specialty NOC	37,145	33,582	31,801	28,238	26,457	22,894	19,332
88000	Other, Specialty NOC	37,145	33,582	41,434	36,738		29,696	24,999
88010	Other, Specialty NOC	48,480	43,784	75,848	67,103		53,986	45,242
88013	Other, Specialty NOC	88,965	80,220	78,601	69,532		55,929	46,861
88014	Other, Specialty NOC	92,203	83,135	100,620	88,965		71,511	59,816
88016	Other, Specialty NOC	× 118,110	106,450	16,662	14,880		12,206	10,425
88002	Other, Specialty NOC	19,332	17,550	38,681	34,309		27,752	23,380
88019	Other, Specialty NOC	45,242	40,707	19,414	17,309		14,150	12,045
88003	3 Other, Specialty NOC	22,570	20,465	35,928	31,880		25,809	21,761
80294	Other, Specialty NOC	42,003	37,954	24,920	22,167		18,036	
80268	3 Other, Specialty NOC	29,048	26,295	12,530	11,235		9,292	
8008	4 Other, Specialty NOC	14,474	13,178	51,071	45,242		36,497	
84043	2 Other, Specialty NOC	59,816	53,986	106,126	93,819		75,362	63,055
8604	4 Other, Specialty NOC	124,587	112,280	174,950	154,54		123,939	
8704	5 Other, Specialty NOC	205,556	185,152	29,048	25,809		20,951	17,712
8800	5 Other, Specialty NOC	33,906	30,667	114,385	101,100		81,192	67,913
8801	8 Other, Specialty NOC	134,303	121,025	114,363		0	(0
8804	6 For Non-Standard Use	0	0	U		-		
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DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL 6TH YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

SEP 0 1 2006

Bureau,

Champaign,
Coles,
DeKalb, SPRINGFIELD. ILLINOIS

		Onelle				DeKalb,	SPRINGFIE	LD. ILLINOIS
		Cook, Madison,	Jackson,	Kane,	DuPage,	Effingham,	rer er	Remainder of
		Saint Clair,	Lake,	McHenry,		LaSalle, Ogle, Randolph	Sangamon	Illinois
CODE	SPECIALTIES	Will	Vermillion	Winnebago	Macon			
		14,854	13,525	12,860	11,530	10,866	9,536	8,207 19,840
	Allergy/Immunology-NMRP	38,122	34,466	32,638	28,981	27,153	23,497 18,511	15,685
	Anesthesiology Bariatrics	29,812	26,987	25,576	22,751	21,336	73,393	61,390
	Cardiac Surgery	121,218	109,252	103,268	91,306	85,323 30,643	26,488	22,333
92042	Cardiac Surgery-MRP, NMajS	43,108	38,953	36,874	32,719	38,787	33,469	28,150
80281	Cardiovascular Disease MRP	54,742	49,424	46,765	41,446 23,995	22,500	19,508	16,516
80255	Cardiovascular Disease NMRP, NS	31,474	28,483	27,042	32,719	30,643	26,488	22,333
82058	Cardiovascular Disease SMRP	43,108	38,953	36,874 46,765	41,446	38,787	33,469	28,150
85004	_	54,742	49,424	17,100	15,272	14,356	12,528	10,699
80256	Dermatology SMRP	19,840	18,012 26,987	25,576	22,751	21,336	18,511	15,685
80237	Diabetes-NMRP	29,812	55,407	52,415	46,432	43,441	37,457	31,474
80157	Emergency Medicine-MajS	61,390 54,742	49,424	46,765	41,446	38,787	33,469	28,150
80102	Emergency Medicine-NMajS, prim	19,840	18,012	17,100	15,272	14,356	12,528	10,699
80238	Endocrinology-NMRP	61,390	55,407	52,415	46,432	43,441	37,457	31,474
83009	Family Practice LMajRP	46,432	41,779	39,699	35,212	32,970	28,483	23,995 15,685
80273	Family Practice MRP, NMajS	29,812	26,987	25,576	22,751	21,336	18,511	8,207
80239	Family Practice NMRP, NS	14,854	13,525	12,860	11,530	10,866	9,536	22,333
80240	Forensic Medicine-NMRP Gastroenterology MRP	43,108	38,953	36,874	32,719	30,643	26,488 28,483	23,995
8024	Gastroenterology MR1 General Practice MRP, NMajS	46,432	41,779	39,699	35,212	32,970	37,457	31,474
8027	General Practice NMajS, prim	61,390	55,407	52,415	46,432	43,441 21,336	18,511	15,685
8034	2 General Practice NMRP, NS	29,812	26,987	25,576	22,751	64,382	55,407	46,432
	General Surgery	91,306	82,331	77,844	68,869 32,719	30,643	26,488	22,333
8207	4 General Surgery-MRP, NMajS	43,108	38,953	36,874	15,272	14,356	12,528	10,699
	3 Geriatrics	19,840	18,012	17,100 52,415	46,432	43,441	37,457	31,474
8605	3 Gynecological Surgery	61,390	55,407	46,765	41,446	38,787	33,469	28,150
8027	7 Gynecology/Obstetrics-MRP,NmajS	54,742	49,424 31,474	29,812	26,488	24,826	21,502	18,178
	O Gynecology-NMRP, NS	34,798 61,390	55,407	52,415	46,432	43,441	37,457	31,474
8016	9 Hand Surgery	43,108	38,953	36,874	32,719	30,643	26,488	22,333
8204	4 Hand Surgery-MRP,NMajS	61,390	55,407	52,415	46,432	43,441	37,457	31,474 15,685
	0 Head/Neck Surgery	29,812	26,987	25,576	22,751	21,336	18,511	15,685
8024	5 Hematology	29,812	26,987	25,576	22,751	21,336	18,511 19,508	16,516
8023	3 Industrial Medicine 6 Infectious Disease	31,474	28,483	27,042	23,995	22,500	26,488	22,333
8024	4 Internal Medicine MRP	43,108	38,953	36,874	32,719	30,643 24,826	21,502	18,178
8026	7 Internal Medicine NMRP	34,798	31,474	29,812	26,488	66,708	57,401	48,094
	5 Neonatology	94,630	85,323	80,669	71,362 28,981	27,153	23,497	19,840
	7 Nephrology-MRP	38,122	34,466	32,638	23,995	22,500	19,508	16,516
	0 Nephrology-NMRP	31,474	28,483	27,042 36,874	32,719	30,643	26,488	22,333
	1 Neurology-NMRP	43,108	38,953	179,553	158,612	148,142	127,201	106,260
8015	2 Neurosurgery	210,965	190,024	42,525	37,705	35,352	30,477	25,657
8204	5 Neurosurgery-MRP,NMajS	49,756	44,936 26,987	25,576	22,751	21,336	18,511	15,685
8104	5 Neurosurgery-NMRP,NMajS	29,812 29,812	26,987	25,576	22,751	21,336	18,511	15,685
8026	2 Nuclear Medicine-NMRP	127,866	115,235	108,919	96,288	89,976	77,345	
8015	3 Obstetrical/Gynecological Surgery	14,854	13,525	12,860	11,530	10,866	9,536	
	9 Occupational Medicine-NMRP	29,812	26,987	25,576	22,751	21,336	18,511	
	9 Oncology	29,812	26,987	25,576	22,751	21,336	18,511	40.000
8011	4 Ophthalmic Surgery	19,840	18,012	17,100	15,272	14,356	12,528 83,328	
8026	Ophthalmology-NS Orthopaedic Surgery w/ Spine	137,838	124,209	117,395	103,767	96,953	63,384	=0.000
8015	Orthopaedic Surgery w/o Spine	104,598	94,297	89,145	78,841	73,689 30,643	26,488	
920	25 Orthopaedics-MRP, NMajS	43,108	38,953	36,874	32,719	21,336	18,511	45.005
0∠U. Ω1Ω	orthopaedics-NMRP, NS	29,812	26,987	25,576	22,751		57,401	
2610	55 Otorhinolaryngology Other Than Head/Neck	94,630	85,323	80,669	71,362 46,432		37,457	
801	55 Otorhinolaryngology; Head/Neck	61,390	55,407	52,415	46,432 41,446		33,469	
801	59 Otorhinolaryngology; No Elective Plastic	54,742	49,424	46,765 36,874	32,719	00.040		
802	91 Otorhinolaryngology-MRP,NMajS	43,108	38,953	30,074	52,7 10			

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

Bureau, Champaigh, Coles, DeKalb,

SPRINGFIELD, ILLINOIS

		Cook,				DeKalb,	- Trecan	The beater 1 The lead 1 Th College
		Madison,	Jackson,	Kane,	DuPage,	Effingham,	Grundy,	Remainder of
		Saint Clair,	Lake,	McHenry,		LaSalle, Ogle,	Sangamon	Illinois
	ODEOLAL TIEC	Will	Vermillion	Winnebago	Macon	Randolph	Sangamon	
CODE	SPECIALTIES		10.505	12,860	11,530	10,866	9,536	8,207
80060	Otorhinolaryngology-NMRP,NS	14,854	13,525	17,100	15,272	14,356	12,528	10,699
80082	Pathology-NMRP	19,840	18,012	36,874	32,719	30,643	26,488	22,333
80293	Pediatrics-MRP	43,108	38,953	19,925	17,765	16,683	14,522	12,361
80267	Pediatrics-NMRP	23,164	21,004	12,860	11,530	10,866	9,536	8,207
80235	Physical Medicine & Rehab-NMRP	14,854	13,525	80,669	71,362	66,708	57,401	48,094
80156	Plastic Surgery	94,630	85,323	17,100	15,272	14,356	12,528	10,699
	Psychiatry	19,840	18,012	12,860	11,530	10,866	9,536	8,207
80236	Public Health & Preventive Med. NMRP	14,854	13,525	•	28,981	27,153	23,497	19,840
80269	Pulmonary Diseases	38,122	34,466	32,638	22,751	21,336	18,511	15,685
97047	Radiation Oncology	29,812	26,987	25,576	28,981	27,153	23,497	19,840
80253	Radiology NMRP	38,122	34,466	32,638	41,446	38,787	33,469	28,150
		54,742	49,424	46,765	32,719	30,643	26,488	22,333
	A A STATE OF THE S	43,108	38,953	36,874	15,272	14,356	12,528	10,699
80252		19,840	18,012	17,100	91,306	85,323	73,393	61,390
	Thoracic Surgery	121,218	109,252	103,268	22,751	21,336	18,511	15,685
04066	Thoracic Surgery-NMRP, NS	29,812	26,987	25,576	37,705	35,352	30,477	25,657
80145		49,756	44,936	42,525	32,719	30,643	26,488	22,333
82040		43,108	38,953	36,874	91,306	85,323	73,393	61,390
80146		121,218	109,252	103,268	32,719	30,643	26,488	22,333
82050		43,108	38,953	36,874	2,305	2,172	1,906	1,640
80086		2,969	2,704	2,571	2,305	- 1-0	1,906	1,640
80179		2,969	2,704	2,571	2,305		1,906	1,640
80179	Physician, No Clinical Practice	2,969	2,704	2,571	2,303		44	44
80085	Phys Treating Patients in Free Med Clinic	44	44	44	78,841	73,689	63,384	53,080
81082	Other, Specialty NOC	104,598	94,297	89,145			33,469	28,150
		54,742	49,424	46,765	41,446 23,995		19,508	16,516
`3041	Other, Specialty NOC	31,474	28,483	27,042			23,497	19,840
2000	Other, Specialty NOC	38,122	34,466	32,638	28,981 28,981		23,497	19,840
00000	Other, Specialty NOC	38,122	34,466	32,638	-		30,477	25,657
88009	Other, Specialty NOC	49,756	44,936	42,525	37,705	- 1 - 2 - 2	55,407	46,432
88010	Other, Specialty NOC	91,306	82,331	77,844	68,869		57,401	48,094
00044	Other, Specialty NOC	94,630	85,323	80,669	71,362		73,393	61,390
		121,218	109,252	103,268	91,306		12,528	10,699
88016	Other, Specialty NOC	19,840	18,012	17,100	15,272		28,483	
88002	Other, Specialty NOC	46,432	41,779	39,699	35,212		14,522	
88018	Other, Specialty NOC	23,164	21,004	19,925	17,765		26,488	
88003	Other, Specialty NOC	43,108	38,953	36,874	32,719		18,511	
80294	Other, Specialty NOC	29,812	26,987	25,576	22,751		9,536	
80208	Other, Specialty NOC	14,854	13,525	12,860	11,530		37,457	
80084	t Other, Specialty NOC	61,390	55,407	52,415	46,432		77,345	
84042	Other, Specialty NOC	127,866	115,235	108,919	96,288		127,201	
86044	1 Other, Specialty NOC	210,965	190,024	179,553	158,612	-	21,502	
8704	5 Other, Specialty NOC	34,798	31,474	29,812	26,488		83,328	
	5 Other, Specialty NOC	137,838	124,209	117,395	103,76		05,520	
8801		0	0	0	(0		•
8804	For Non-Standard Use							

MEDICAL ALLIANCE INSURANCE COMPANY
ANNUAL 6TH YEAR CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

DIVISION OF INSURANCE STATE OF ILLINGISIDEPE F II LE D

MEDICAL ALLIANCE INSURANCE COMPANY ANNUAL MATURE CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

SEP 0 1 2006

Bureau, Champaign, Coles, DeKalb,

						Coles,		
		Cook				DeKalb,	SPRINGE	TELD. ILLINOIS
		Cook, Madison,	Jackson,	Kane,	DuPage,	Effingham,		
		Saint Clair,	Lake,	McHenry,	Kankakee,	LaSalle, Ogle,		Remainder of
	TITO	Will	Vermillion	Winnebago	Macon	Randolph	Sangamon	Illinois
CODE	SPECIALTIES			42.400	11,826	11,144	9,781	8,417
80254	Allergy/Immunology-NMRP	15,235	13,872	13,190	29,724	27,849	24,099	20,349
	Anesthesiology	39,100	35,350	33,475 26,232	23,334	21,883	18,985	16,088
	Bariatrics	30,577	27,679	105,916	93,647	87,510	75,275	62,964
	Cardiac Surgery	124,326	112,053	37,819	33,558	31,429	27,168	22,906
82042	Cardiac Surgery-MRP, NMajS	44,214	39,952	47,964	42,509	39,782	34,327	28,872
80281	Cardiovascular Disease MRP	56,146	50,691	27,736	24,611	23,077	20,008	16,940
80255	Cardiovascular Disease NMRP, NS	32,281	29,213 39,952	37,819	33,558	31,429	27,168	22,906
82058	Cardiovascular Disease SMRP	44,214	50,691	47,964	42,509	39,782	34,327	28,872
	Colon Surgery	56,146	18,474	17,538	15,663	14,724	12,849	10,974
	Dermatology SMRP	20,349	27,679	26,232	23,334	21,883	18,985	16,088
80237	Diabetes-NMRP	30,577	56,828	53,759	47,623	44,554	38,418	32,281
80157	Emergency Medicine-MajS	62,964	50,691	47,964	42,509	39,782	34,327	28,872
80102	Emergency Medicine-NMajS, prim	56,146 20,349	18,474	17,538	15,663	14,724	12,849	10,974
80238	Endocrinology-NMRP	62,964	56,828	53,759	47,623	44,554	38,418	32,281
83009	Family Practice LMajRP	47,623	42,850	40,717	36,115	33,815	29,213	24,611
80273	Family Practice MRP, NMajS	30,577	27,679	26,232	23,334	21,883	18,985	16,088
80239	Family Practice NMRP, NS	15,235	13,872	13,190	11,826	11,144	9,781	8,417 22,906
80240	Forensic Medicine-NMRP	44,214	39,952	37,819	33,558	31,429	27,168	24,611
80241	Gastroenterology MRP	47,623	42,850	40,717	36,115	33,815	29,213	32,281
	General Practice MRP, NMajS	62,964	56,828	53,759	47,623	44,554	38,418 18,985	16,088
80117	General Practice NMajS, prim General Practice NMRP, NS	30,577	27,679	26,232	23,334	21,883	56,828	47,623
80242	General Practice Ninkler, No	93,647	84,442	79,840	70,635	66,032	27,168	22,906
80143	General Surgery-MRP, NMajS	44,214	39,952	37,819	33,558	31,429 14,724	12,849	10,974
	Geriatrics	20,349	18,474	17,538	15,663	44,554	38,418	32,281
00243 `6053	Gynecological Surgery	62,964	56,828	53,759	47,623	39,782	34,327	28,872
1277	Gynecology/Obstetrics-MRP,NmajS	56,146	50,691	47,964	42,509	25,463	22,054	18,645
81050	Gynecology-NMRP, NS	35,691	32,281	30,577	27,168 47,623	44,554	38,418	32,281
80169	Hand Surgery	62,964	56,828	53,759	33,558	31,429	27,168	22,906
82044	Hand Surgery-MRP,NMajS	44,214	39,952	37,819 53,759	47,623	44,554	38,418	32,281
	Head/Neck Surgery	62,964	56,828	26,232	23,334	21,883	18,985	16,088
	Hematology	30,577	27,679	26,232	23,334	21,883	18,985	16,088
	Industrial Medicine	30,577	27,679 29,213	27,736	24,611	23,077	20,008	16,940
80246	Infectious Disease	32,281	39,952	37,819	33,558	31,429	27,168	22,906
80284	Internal Medicine MRP	44,214	32,281	30,577	27,168	25,463	22,054	18,645
	Internal Medicine NMRP	35,691 97,056	87,510	82,738	73,192	68,419	58,873	49,327
83015	Neonatology	39,100	35,350	33,475	29,724	27,849	24,099	20,349
80287	Nephrology-MRP	32,281	29,213	27,736	24,611	23,077	20,008	16,940
80260	Nephrology-NMRP	44,214	39,952	37,819	33,558	31,429	27,168	22,906
	Neurology-NMRP	216,374	194,896	184,157	162,679	151,940	130,463	108,985 26,315
80152	Neurosurgery	51,032	46,089	43,615	38,672	36,259	31,259	16,088
82045	Neurosurgery-MRP,NMajS	30,577	27,679	26,232	23,334	21,883	18,985	
81045	Neurosurgery-NMRP,NMajS	30,577	27,679	26,232	23,334	21,883	18,985 79,328	
80262	Nuclear Medicine-NMRP Obstetrical/Gynecological Surgery	131,144	118,189	111,712	98,757	92,283	9,781	8,417
80153	Occupational Medicine-NMRP	15,235	13,872	13,190	11,826	11,144	18,985	
		30,577	27,679	26,232	23,334	21,883	18,985	
	Oncology Ophthalmic Surgery	30,577	27,679	26,232	23,334	21,883	12,849	
80114	Ophthalmology-NS	20,349	18,474	17,538	15,663	14,724	85,465	- 4 407
0045	Orthopaedic Surgery w/ Spine	141,372	127,394	120,405	106,428		65,010	
96026	Orthopaedic Surgery w/o Spine	107,280	96,715	91,431	80,862		27,168	
00020	Orthopaedics-MRP, NMajS	44,214	39,952	37,819	33,558		18,985	
02U23	Orthopaedics-NMRP, NS	30,577	27,679	26,232	23,334		58,873	
01007	Ottribpaedics-rowth, 110 Otorhinolaryngology Other Than Head/Neck	97,056	87,510	82,738	73,192		38,418	00.004
20100 20150	Otorhinolaryngology; Head/Neck	62,964	56,828	53,759	47,623		34,327	
2013C	Otorhinolaryngology; No Elective Plastic	56,146	50,691	47,964	42,509		27,168	
8020	Otorhinolaryngology-MRP,NMajS	44,214	39,952	37,819	33,558	31,723		
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DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

Bureau,
Champaign,
Cdles,
DeKalb,
SPRINGFIELD, ILLINOIS

		Cook,				DeKalb,	SCHINGE	ELD. ILLINOIS
CODE	SPECIALTIES	Madison, Saint Clair, Will	Jackson, Lake, Vermillion	Kane, McHenry, Winnebago	DuPage, Kankakee, Macon	Effingham, LaSalle, Ogle, Randolph	Grundy, Sangamon	Remainder of Illinois
			40.070	12 100	11,826	11,144	9,781	8,417
80060	Otorhinolaryngology-NMRP,NS	15,235	13,872	13,190	15,663	14,724	12,849	10,974
80082	Pathology-NMRP	20,349	18,474	17,538	33,558	31,429	27,168	22,906
80293	Pediatrics-MRP	44,214	39,952	37,819	18,220	17,110	14,894	12,678
80267	Pediatrics-NMRP	23,758	21,542	20,436	11,826	11,144	9,781	8,417
80235	Physical Medicine & Rehab-NMRP	15,235	13,872	13,190		68,419	58,873	49,327
	Plastic Surgery	97,056	87,510	82,738	73,192	14,724	12,849	10,974
80249	Psychiatry	20,349	18,474	17,538	15,663	11,144	9,781	8,417
80236	Public Health & Preventive Med. NMRP	15,235	13,872	13,190	11,826		24,099	20,349
	Pulmonary Diseases	39,100	35,350	33,475	29,724	27,849	18,985	16,088
	Radiation Oncology	30,577	27,679	26,232	23,334	21,883	24,099	20,349
80253	Radiology NMRP	39,100	35,350	33,475	29,724	27,849	34,327	28,872
	Radiology-MajRP	56,146	50,691	47,964	42,509	39,782	27,168	22,906
	Radiology-MRP	44,214	39,952	37,819	33,558	31,429	12,849	10,974
	Rheumatology	20,349	18,474	17,538	15,663	14,724	75,275	62,964
80144	. .	124,326	112,053	105,916	93,647	87,510	18,985	16,088
	Thoracic Surgery-NMRP, NS	30,577	27,679	26,232	23,334	21,883	31,259	26,315
	Urological Surgery	51,032	46,089	43,615	38,672	36,259		22,906
	Urology-MRP, NMajS	44,214	39,952	37,819	33,558	31,429	27,168 75,275	62,964
	Vascular Surgery	124,326	112,053	105,916	93,647	87,510	27,168	22,906
	Vascular Surgery-MRP, NMajS	44,214	39,952	37,819	33,558	31,429	1,955	1,682
80086	Physician, Clinical Practice Not Insurable	3,046	2,773	2,636	2,364	2,227		1,682
	Retired, Not in Practice	3,046	2,773	2,636	2,364	2,227	1,955	1,682
	Physician, No Clinical Practice	3,046	2,773	2,636	2,364	2,227	1,955 45	45
	Phys Treating Patients in Free Med Clinic	45	45	45	45	45		54,441
	Other, Specialty NOC	107,280	96,715	91,431	80,862	75,578	65,010	28,872
	Other, Specialty NOC	56,146	50,691	47,964	42,509	39,782	34,327	16,940
	Other, Specialty NOC	32,281	29,213	27,736	24,611	23,077	20,008	20,349
	Other, Specialty NOC	39,100	35,350	33,475	29,724	27,849	24,099	20,349
	Other, Specialty NOC	39,100	35,350	33,475	29,724	27,849	24,099	26,315
	Other, Specialty NOC	51,032	46,089	43,615	38,672	36,259	31,259	47,623
	Other, Specialty NOC	93,647	84,442	79,840	70,635	66,032	56,828	49,327
	Other, Specialty NOC	97,056	87,510	82,738	73,192	68,419	58,873	62,964
	Other, Specialty NOC	124,326	112,053	105,916	93,647	87,510	75,275	10,974
	Other, Specialty NOC	20,349	18,474	17,538	15,663	14,724	12,849	24,611
	Other, Specialty NOC	47,623	42,850	40,717	36,115	33,815	29,213	12,678
	Other, Specialty NOC	23,758	21,542	20,436	18,220	17,110	14,894	22,906
	Other, Specialty NOC	44,214	39,952	37,819	33,558	31,429	27,168	16,088
	Other, Specialty NOC	30,577	27,679	26,232	23,334	21,883	18,985	
	Other, Specialty NOC	15,235	13,872	13,190	11,826	11,144	9,781	8,417
	Other, Specialty NOC	62,964	56,828	53,759	47,623	44,554	38,418	32,281
	Other, Specialty NOC	131,144	118,189	111,712	98,757	92,283	79,328	66,373
	Other, Specialty NOC	216,374	194,896	184,157	162,679	151,940	130,463	108,985
	Other, Specialty NOC	35,691	32,281	30,577	27,168	25,463	22,054	18,645
88018		141,372	127,394	120,405	106,428	99,439	85,465	71,487
	For Non-Standard Use	0	0	0	0	0	0	0
00040	TOT MOTE ORGANIZATE OFF							

MEDICAL ALLIANCE INSURANCE COMPANY
ANNUAL MATURE CLAIMS-MADE RATES \$1 MILLION / \$3 MILLION

II. PARAMEDICAL EMPLOYEE RATES

MATURE CLAIMS-MADE RATES TERRITORY I

	\$1,000,000/	
	Additional Named Insured	Additional Insured
Description	(Separate Limits)	(Shared Limits)
Description		805
Health Sciences – Physicist or Biologist	1,610 a	805 a
Health Sciences – All Others	4,858	2,429
Chiropractor	599	300
Chiropractor Assistant Chiropractor – All Others	a	а
Lab Services – Supervisor/Director	653	326
Medical Technician	365	183
X-ray Technician	359	180
EEG/EKG/Ultrasound Technician	365	183
Lab Services – All Others	а	а
Dietician/Nutritionist	408	204
Nutritional Services – All Others	a	a
Nurse Midwife	13,904	6,952
Midwife Assistant	10,428	5,214
Midwifery – All Others	4,173	2,086 114
Nurse	227 132	66
Aide/Homemaker	132 a	a
Nurse Services – All Others	1,144	572
Occupational Therapist	418	209
Occupational Therapy – Assistant Occupational Therapy – All Others	a	а
Optician	365	183
Optician – All Others	а	a
Optometrist	1,177	588
Optometry – Assistant/Technician	388	194
Optometrist - All Others	а	a
Orthotist/Prosthetist – Fitting Only	2,651	1,326
Orthotist/Prosthetist - All Others	a 4 7 0	а 236
Pharmacist	472	121
Pharmacy Assistant	243 a	a
Pharmacy – All Others	1,121	560
Physical Therapist, Owner, partner, officer Physical Therapy – Assistant/Aide/Technician	439	219
Physical Therapist – Assistant/Alde/Technician Physical Therapist – Employed	647	323
Physical Therapist – Employed Physical Therapist, Owner, partner, officer (APTA – PPS)	1,121	560
PPS)	439	219
Physical Therapist – Employed (APTA – PPS)	647	323
Physical Therapy – All Others	а	а
Nurse Practitioner	2,098	1,049
Physicians/Surgeons/Anesthesiology Assistant	2,098	1,049
Perfusionist	5,310	2,655
Physician Extender – All Others	а	a
Podiatrist	а	a a
Podiatric Assistant	a a	a
Podiatric Medicine – All Others	1,352	676
Psychologist All Others	a a	a
Psychology – All Others	1,262	631
Respiratory Therapist Respiratory Therapy – Assistant/Aide/Technician	303	151
Respiratory – All Others	а	а
Social Worker	486	243
Social Worker – All Others	а	а
Paramedic/EMT	597	299
Medical Office Assistant	132	66
Operating Room Technician	379	189
Health Services – All Others	а	a
Dental Hygienist	216	108
Certified Registered Nurse Anesthetist	6,827	3,414
Student Nurse Anesthetist	2,390	1,195

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

MATURE CLAIMS-MADE RATE REST OF STATE

	\$1,000,000/5 Additional Named Insured	\$3,000,000 Additional Insured
Description	(Separate Limits)	(Shared Limits)
Health Sciences – Physicist or Biologist	1,451	725
Health Sciences – All Others	а	а
Chiropractor	4,378	2,189
Chiropractor Assistant	540	270
Chiropractor – All Others	а	a
Lab Services - Supervisor/Director	588	294
Medical Technician	329	165
X-ray Technician	324	162
EEG/EKG/Ultrasound Technician	329	165
Lab Services – All Others	a	a
Dietician/Nutritionist	368	184
Nutritional Services – All Others	a	a 0.004
Nurse Midwife	12,528	6,264
Midwife Assistant	9,396	4,698
Midwifery – All Others	3,760	1,880
Nurse	205	102
Aide/Homemaker	119	60
Nurse Services – All Others	а	a
Occupational Therapist	1,031	515
Occupational Therapy – Assistant	376	188
Occupational Therapy - All Others	a	а 165
Optician	329	
Optician – All Others	a 1.061	а 530
Optometrist	1,061	175
Optometry - Assistant/Technician	350	a
Optometrist – All Others	а 2,389	1,194
Orthotist/Prosthetist - Fitting Only	2,309 a	а
Orthotist/Prosthetist – All Others	425	213
Pharmacist	219	109
Pharmacy Assistant	a	а
Pharmacy – All Others	1,010	505
Physical Therapist, Owner, partner, officer	396	198
Physical Therapy – Assistant/Aide/Technician	583	291
Physical Therapist – Employed Physical Therapist, Owner, partner, officer (APTA – PPS)	1,010	505
	396	198
PPS) Physical Therapist – Employed (APTA – PPS)	583	291
Physical Therapy – All Others	а	а
and the same of th	1,890	945
Nurse Practitioner Physicians/Surgeons/Anesthesiology Assistant	1,890	945
Perfusionist	4,785	2,392
Physician Extender – All Others	а	а
Podiatrist	а	а
Podiatric Assistant	а	а
Podiatric Medicine – All Others	а	а
Psychologist	1,218	609
Psychology – All Others	а	а
Respiratory Therapist	1,138	569
Respiratory Therapy – Assistant/Aide/Technician	273	137
Respiratory – All Others	а	а
Social Worker	438	219
Social Worker – All Others	а	а
Paramedic/EMT	538	269
Medical Office Assistant	119	60
Operating Room Technician	341	171
Health Services – All Others	а	а
Dental Hygienist	194	97
Certified Registered Nurse Anesthetist	6,152	3,076
Student Nurse Anesthestist	2,153	1,077
Student Nurse Anestnestist	۵,۱۵۵	.,

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

III. PER VISIT RATES

Emergency Physicians Claims-Made Rates

Territory	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	7th Year
	3.34	6.68	10.41	12.35	12.68	13.02	13.35
 	3.00	6.01	9.37	11.11	11.41	11.72	12.02
" 	2.84	5.67	8.85	10.50	10.78	11.06	11.35
1V	2.50	5.01	7.81	9.26	9.51	9.76	10.01
V	2.34	4.67	7.29	8.64	8.88	9.11	9.35
۷ VI	2.00	4.01	6.25	7.41	7.61	7.81	8.01
VII	1.67	3.34	5.21	6.17	6.34	6.51	6.68
VII	1.07						
		Urgen	t Care Physicia	ans Claims-Ma	de Rates		
Territory	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	7th Year
i	1.92	3.84	5.99	7.11	7.30	7.49	7.68
i	1.73	3.46	5.39	6.40	6.57	6.74	6.92
111	1.63	3.27	5.09	6.04	6.21	6.37	6.53
IV	1.44	2.88	4.50	5.33	5.48	5.62	5.76
V	1.34	2.69	4.20	4.98	5.11	5.24	5.38
۷I	1.15	2.31	3.60	4.26	4.38	4.50	4.61
VII	0.96	1.92	3.00	3.55	3.65	3.75	3.84
V 11	0.00						
		Осс	upational Heal	th Claims-Mad	e Rates		
Territory	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	7th Year
l	0.83	1.66	2.59	3.07	3.15	3.23	3.32
ń	0.75	1.49	2.33	2.76	2.84	2.91	2.98
iii	0.70	1.41	2.20	2.61	2.68	2.75	2.82
IV	0.62	1.24	1.94	2.30	2.36	2.42	2.49
V	0.58	1.16	1.81	2.15	2.21	2.26	2.32
νı	0.50	0.99	1.55	1.84	1.89	1.94	1.99
VII	0.41	0.83	1.29	1.53	1.58	1.62	1.66
					4		
			Surgicenter C	laims-Made Ra			> 4
Territory	1st Year	2nd Year	3rd Year	4th Year	5th Year	6th Year	7th Year
ı	4.77	9.54	14.89	17.66	18.13	18.61	19.09
11	4.30	8.59	13.40	15.89	16.32	16.75	17.18
111	4.06	8.11	12.66	15.01	15.41	15.82	16.23
١٧	3.58	7.16	11.17	13.24	13.60	13.96	14.32
V	3.34	6.68	10.42	12.36	12.69	13.03	13.36
VI	2.86	5.73	8.93	10.59	10.88	11.17	11.45
VII	2.39	4.77	7.44	8.83	9.07	9.31	9.54

DIVISION OF INSURANC STATE OF ILLINOIS/IDEPR

SEP 0 1 2006

PREMIUM RATES

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

> SEP 0 1 2006 APPENDIX II

SPRINGFIELD, ILLINOIS

I. MATURITY FACTORS

The following represent the maturity factors to be applied in the event a **Named Insured** is insured for less than seven (7) years with **MAIC** or an appropriate insurance carrier:

Year	Factor
1 st	.250
2 nd	.500
3 rd	.780
4 th	.925
5 th	.950
6 th	.975
7th	1.000

II. TAIL FACTORS

The following represent the tail factors as referenced in General Rules, Section VIII, in the event a **Named Insured** obtains an Extended Reporting Endorsement:

Year	Factor
1st	3.306
2 nd	3.153
3 rd	2.401
4 th	2.178
5 th	2.196
6 th	2.183
7th	2.180

III. Territory I

Cook, Madison, St. Clair and Will Counties.

Territory II

Jackson, Lake and Vermilion Counties.

Territory III

Kane, McHenry and Winnebago Counties.

Territory IV

DuPage, Kankakee and Macon Counties.

Territory V

Bureau, Champaign, Coles, DeKalb, Effingham, LaSalle, Ogle, and

Randolph Counties.

Territory VI

Grundy and Sangamon Counties.

Territory VII

Remaining Counties in Illinois.

IV. The following defines the medical procedure terms parenthetically referenced in the rate pages.

A. Specified Minor Risk Procedures (SMRP)

Cardiologists who perform the specified risk procedures of assisting in surgery, insertions of cardiac pacemaker (temporary or permanent) or pericardiocentesis will be rated Cardiovascular Disease SMRP. Performance of other minor risk procedures will increase the premium charge.

B. Minor Risk Procedures (MRP)

Except as noted under Paragraph A. above, **Physicians** with nominal specialty designation/risk notation of NMRP (No Minor Risk Procedures) performing any of the following minor risk procedures will be assigned the specialty designation/risk notation of MRP.

- 1. Angiography/Arteriography.
- 2. Assisting in the performance of surgery.
- 3. Arterial, venous, cardiac or other diagnostic catheterization (includes insertion of cardiac pacemaker whether temporary or permanent). This does not apply to Swan-Ganz, umbilical cord or urethral catheterization or arterial line in a peripheral vessel, which are covered under the specialty designation/risk notation of NMRP.
- 4. Cervical conization and LEEP Procedures.
- 5. Diagnostic/therapeutic dilation and curettage. This does not apply to induced non-spontaneous abortions.
- 6. Fallopian tube recanalization.
- 7. Interstitial hyperthermia.
- 8. Interventional radiology such as embolization, (including extracranial), percutaneous transluminal angioplasty, percutaneous nephrostomy and drainage procedures.
- 9. Intracoronary streptokinase infusion.
- 10. MRI-guided focused ultrasound for treatment of uterine fibroids.
- 11. Myocardial biopsy.
- 12. Obstetrical vacuum extraction.

- 13. Ophthalmic surgery-either extraocular only or extraocular and intraocular (includes surgery for glaucoma, cataract, retinal detachment and strabismus surgery--including Yag laser treatment for membrane opacity, laser trabeculoplasty and laser iridectomy and incision and curettage of chalazion of eyelid).
- 14. Percutaneous angioplasty with or without stent placement.
- 15. Pericardiocentesis.
- 16. Therapeutic radiology, deep (includes radium implants).
- 17. Ultrasound hyperthermia (superficial only).
- 18. Uncomplicated obstetrical care either prenatal (which may include amniocentesis) and post-partum only, and/or cephalic vaginal deliveries performed in a hospital which may also include episiotomy and application of low forceps only.
- 19. Vascular Access Procedures (primarily for dialysis) including tunneled catheter insertion, vascular access angiography, vascular access angioplasty, vascular access thrombolysis and vascular access thrombectomy.

C. Major Risk Procedures--Limited Performance (LMajRP)

Physicians performing any of the following major risk procedures shall be assigned the specialty designation/risk notation of LMajRP but only if these activities represent an incidental portion of the **Physician's** practice.

1. Obstetrical Procedures:

Cesarean section; mid-forceps delivery; version and extraction; breech extraction; multiple gestation; VBAC; abortions, induced, non-spontaneous.

2. Orthopaedic Procedures:

Closed reduction of dislocations other than fingers, toes and shoulders; open reduction of fractures or dislocations; amputations (other than digits); any fracture of the pelvis that is displaced and/or involves concomitant injury to adjacent or subjacent organs due to the fracture; any fracture of the vertebrae that is dislocated and/or involves concomitant injury to the spinal cord or other adjacent or subjacent organs due to the fracture; or orthopaedic surgery including obtaining an iliac crest bone graft and open procedures on the coccyx but excluding open procedures on the rest of the spine.

3. Other major surgical procedures performed by specialists in Obstetrics, Gynecology, Orthopaedic, General, Cardiac, Vascular, Plastic Surgery, etc.

D. Major Risk Procedures—Other Than Limited Performance (MajR₱)

SPRINGFIELD, ILLINOIS

Family Practice, General Practice or other similarly rated **Physicians** performing any of the following major risk procedures where these activities represent more than an incidental portion of the **Physician's** practice will be rated similarly to the specialty which generally performs such procedures on a regular and customary basis:

1. Obstetrical Procedures:

Cesarean section; mid-forceps delivery; version and extraction; breech extraction; multiple gestation; VBAC; abortions, induced, non-spontaneous.

2. Orthopaedic Procedures:

Closed reduction of dislocation other than fingers, toes and shoulders; open reduction of fractures or dislocations; amputations (other than digits); any fracture of the pelvis that is displaced and/or involves concomitant injury to adjacent or subjacent organs due to the fracture; any fracture of the vertebrae that is dislocated and/or involves concomitant injury to the spinal cord or other adjacent or subjacent organs due to the fracture; or orthopaedic surgery including obtaining an iliac crest bone graft and open procedures on the coccyx but excluding open procedures on the rest of the spine.

3. Other major surgical procedures performed by specialists of Obstetrics, Gynecology, Orthopaedic, General, Cardiac, Vascular, Plastic Surgery, etc.

4. Otorhinolaryngology:

In addition, performance of elective cosmetic surgery on the head or neck will increase the premium charge.

5. General Surgeons:

Performance of major risk procedures, as outlined above, generally attributable to other surgical specialists will not increase the premium charge provided these activities do not represent more than an incidental portion of the **Physician's** practice; if these activities do represent more than an incidental portion, the **Physician** will be rated similarly to the specialty which generally performs such procedures on a regular and customary basis.

E. Major Risk Procedures

Physicians performing any quantity of the following procedures will be rated as noted below unless such rating is increased by other provisions of this manual:

 Gastroplasty, gastric stapling, gastric partitioning or any like surgical procedure for the treatment of morbid obesity, obesity or weight reduction, will be rated as General Surgery.

- 2. Temporomandibular Joint Surgery including total replacement, arthroscopy, alloplastic implants or meniscal repair via plication, will be rated as Orthopaedics Without Spinal Surgery.
- 3. Chorionic Villi Sampling will be rated similarly to that of Obstetrical/ Gynecological Surgery.
- 4. Spinal Surgery, Chemonucleolysis will be rated as Orthopaedics With Spinal Surgery.
- 5. Neurosurgery, Gamma Knife (Leskell Gamma Radiosurgical Unit) will be rated as Neurosurgery.
- 6. Liposuction will be rated as Plastic Surgery.

V. NEWLY PRACTICING PHYSICIAN PREMIUM DISCOUNT RULES

- **A.** Applicable to any **Physician** who, as of the effective date of insurance with **MAIC**, is entering the practice of medicine for the first time or has been in practice for less than 48 months following:
 - 1. Attainment of medical license:
 - 2. Completion of residency or fellowship training including completion by an established practitioner of training in a different medical specialty in which the **Physician** intends to practice; or,
 - 3. Completion of military service or other extended government service (e.g., National Health Service Corps etc.).
 - A **Physician** who is insured for "moonlighting" activity while still enrolled in a medical training program is ineligible for a premium discount under this rule.
- **B.** The premium discount is a percentage calculated from the time a **Physican** enters medical practice and prorated within the first four (4) policy years. The applicable discount is determined by the length of time the **Physician** has been in practice as of the effective date of insurance, according to the following table:

	Time In Practice	% Of Discount	% Insured Pays
1 st Practice Year	1 – 12 Months	50%	50%
2 nd Practice Year	13 – 24 Months	35%	65%
3 rd Practice Year	25 – 36 Months	20%	80%
4 th Practice Year	37 – 48 Months	5%	95%

SPRINGFIELD. ILLINOIS

C. The premium discount:

- 1. Applies in lieu of and not in addition to the Part Time Rating Rules. A **Physician** who is eligible for rate reduction under either set of rules shall automatically be entitled to the benefit of whichever rule affords the greater premium discount. This determination will be made for each policy year until the **Physician's** eligibility for the "Newly Practicing Physician" premium discount has expired; and
- 2. May be superseded but not extended by the benefit of "suspended coverage" rating.

VI. PART-TIME RATING RULES

- **A.** The following part-time categories may be applicable to a **Physician** if the criteria established in Paragraphs B or C are met:
 - 1. **Physician** is "Retired, Not in Practice"
 - a. Coverage afforded under the **Physician** Professional Liability Claims-Made Insurance Policy is limited to the occasional treatment of friends and relatives without remuneration.
 - b. The premium shall be 20% of the rate applicable to the lowest specialty designation based on the **Physician's** territory and maturity year which appears on the rate pages contained in Appendix I, Section I.
 - Physician whose "average weekly practice time" is not more than 10 hours per week. Exception: Not more than 12 hours per week for Emergency Department Medicine.
 - a. The premium shall be 27.5% of the rate applicable to the **Physician's** specialty designation, territory and maturity year which appears on the rate pages contained in Appendix I, Section I.
 - Physician whose "average weekly practice time" is not more than 21 hours per week. Exception: Not more than 24 hours per week for Emergency Department Medicine.
 - a. The premium shall be 60% of the rate applicable to the **Physician's** specialty designation, territory and maturity year which appears on the rate pages contained in Appendix I, Section I.
- **B.** The criteria for part-time rating consideration for a **Physician** who is "Retired, Not in Practice" is as follows:
 - 1. The **Physician** must submit a written request for part-time rating based on the **Retirement** from active practice.
 - 2. Upon establishment of the aforementioned criteria, a **Physician** who is "Retired, Not in Practice", shall have his/her policy appropriately endorsed.

- **C.** The criteria for part-time consideration for **Physicians** who are not retired are as follows:
 - 1. "Average weekly practice time" as determined on the basis of the **Physician's** written representations meets the "hour per week" limitations as specified in Paragraphs A.2. or A.3 above. "Average weekly practice time" is defined as the amount of time spent each week on the following:
 - a. clinical patient care;
 - b. completion of patient medical records;
 - c. consultations;
 - d. "on-call" time in the hospital; and
 - e. in-hospital activities, including hospital rounds, patient and non-patient care.
 - Any professional activity for which coverage is not desired, and which requires
 the issuance of an exclusionary endorsement attached to the individual
 Physician's policy with respect to such activity, shall be considered in the
 application of Paragraph C.1. Verification of coverage for such activity must be
 received by MAIC.
 - 3. Notwithstanding Paragraph C.1. above, a **Physician** who schedules patient appointments more than four (4) days per week may not be considered for part-time rating. This includes all patient contact, including but not limited to in a hospital, surgi center, emergi center or other out-patient facility.
 - 4. Upon establishment of the aforementioned criteria, the Part-Time Coverage Endorsement shall be attached to the **Physician's** policy.
- **D. Physicians** with a specialty designation/risk notation of NMRP, MRP, SMRP or LMajRP, who, in addition to their specialty practice, also engage in emergency department services other than for the purpose of satisfying hospital staff privilege requirements, may be eligible for composite rating as follows:
 - 1. For 22 hours per week or more of specialty practice and not more than 24 hours per week of emergency department services, the premium shall be the sum of 50% of the rate applicable to a specialty designation/risk notation of NMRP, MRP, SMRP or LMajRP, and 50% of the rate applicable to Emergency Medicine -- NMajS, prim. based on the **Physician's** territory and maturity year which is contained in the rate pages in Appendix I, Section I.
 - For 25 hours per week or more of emergency department services, the premium shall be 100% of the rate applicable to Emergency Medicine--NMajS. prim., the **Physician's** territory and maturity year which is contained in the rate pages in Appendix I, Section I.

VII. FREE MEDICAL CLINIC COVERAGE

SPRINGFIELD, ILLINOIS

A **Physician** whose sole insurable practice activity is rendering **Professional Services** in a "Free Medical Clinic" for no remuneration may be eligible for a reduced annual rate of \$45 for limits of \$1,000,000/\$3,000,000, regardless of territory. The **Physician** shall have his/her policy amended with an endorsement. This premium cannot be lowered for any reason.

A **Physician** cannot reduce to this specialty from any other rating classification identified in this manual. No prior acts coverage is afforded under this classification for the rendering of **Professional Services** not in a "Free Medical Clinic".

Upon termination of the policy, the **Physician** will be eligible to purchase an Extended Reporting Endorsement as outlined in General Rules, Section VIII, Paragraph C. except that the premium will be waived for a **Physician** whose sole insurable practice activity was rendering **Professional Services** in a "Free Medical Clinic".

VIII. SUSPENDED COVERAGE RULES

These rules apply to a **Physician** who temporarily ceases to practice medicine ("leave of absence" or "inactive practice") due to voluntary interruption of practice (e.g., vacation, travel, continuing education, research, etc.), or an involuntary interruption of practice (e.g., incapacitating illness or **Disability**, other health reasons, including pregnancy, etc.).

- **A.** If leave of absence is one (1) month or less, no premium reduction shall be given.
- **B.** If the leave of absence is more than one (1) month but does not exceed one (1) year:
 - 1. The prorated premium for the suspended period of time shall be 25% of the rate applicable to the **Physician's** specialty designation, territory and maturity year which appears on the rate pages contained in Appendix I, Section I.
 - 2. The suspended coverage rate reduction does not apply to any other charges used in developing the policy premium (e.g., any scheduled rating credit or debits, additional **Insureds** etc.), nor, does it estop the passage of time applicable to the Newly Practicing Physician Premium Discount.
 - 3. A Suspended Coverage Endorsement shall be issued.
- C. Suspended coverage is not available for periods of time equal to one (1) year or more.
- **D.** Whenever a **Physician** requests cancellation of a policy because suspended coverage is not available or for any other reason, a new policy will not be issued until three (3) months after the cancellation date and will be subject to reunderwriting, including the required purchase of an Extended Reporting Endorsement at the time of cancellation.

SPRINGFIELD ILLINOIS

IX. LOCUM TENENS (ADDITIONAL INSURED)

- **A.** When a **Physician** (the "Locum Tenens") is temporarily substituting for an **Insured Physician** and the Locum Tenens does not have professional liability insurance with limits of \$1,000,000/\$3,000,000 which covers him/her for such substituting activities, the Locum Tenens can be added as an additional **Insured** by means of endorsement, the use of which is governed by the rules set forth below.
- **B.** The premium shall be the rate applicable to the Locum Tenens' specialty designation and the **Insured Physician's** territory and maturity year multiplied by the applicable percentage as specified below in the accompanying chart:

Number Of Days Expected Substitution	Percentage Applied To Installment Premium Amount
1 to 30 days	0%
31 to 60 days	35%
61 to 90 days	65%

- **C.** The following rules are applicable to Locum Tenens coverage:
 - 1. Locum Tenens coverage can only be provided for a maximum of 90 consecutive days. EXCEPTION: If the Locum Tenens is substituting in a recognized emergency department of a licensed healthcare institution, a maximum coverage of only 30 consecutive days will be allowed.
 - 2. The Locum Tenens may not be insured to substitute for more than one **Insured Physician** during the same period of time.
 - 3. Each **Insured Physician** is required to pay the appropriate premium when adding a Locum Tenens to his/her policy, regardless of whether another **Insured Physician** is being charged premium for covering the substitute services of the same Locum Tenens during a different time period.
 - 4. There is no need to purchase an Extended Reporting Endorsement upon discontinuation of Locum Tenens coverage. Coverage for future reported Claims/Suits continues for the Policy Period and pursuant any Extended Reporting Endorsement purchased by the Named Insured.
 - 5. A separate premium charge shall be made for each Locum Tenens.
 - 6. If the period of coverage for the Locum Tenens is continuous and begins prior to renewal and extends through and beyond renewal, the premium charge shall be based on the rates in effect prior to said renewal.

- 7. If the period of coverage for the Locum Tenens is a discrete series of days which begins prior to and extends through and beyond renewal, a separate premium charge shall be made for:
 - a. the period prior to renewal; and,
 - b. the period on or after renewal.

X. LOSS-FREE DISCOUNT

Physicians may qualify for a discount in premium when renewing a policy based on the following criteria:

- **A.** The **Physician** must have been insured continuously during the experience period. See chart below.
- **B.** The **Physician** must have incurred no indemnity payments (i.e., no indemnity payment made) during the experience period.
- C. Experience Periods and Applicable Discounts:

Years	Discount Applied
3	3%
4	6%
5	8%
6	10%
7	12%
8	17%
9	18%
10	19%
11+	19.5%

- **D.** Initial applicants for insurance may qualify for a loss-free discount except that the experience period will be measured annually from the applicant's **Retroactive Date**. Proof of loss-free must be submitted to **MAIC** from the applicant's prior carrier(s).
- **E.** The Loss Free Discount may be applied to all medical specialties except "**Physician**, Treating Patients in Free Medical Clinic."

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

APPENDIX 1112006

SPRINGFIELD, ILLINOIS

I. MEDICAL CORPORATION

A. ELIGIBILITY

To be eligible for coverage as a **Medical Corporation**, the **Medical Corporation** must conduct a medical business that is owned and operated by **Insured Physicians** for the purpose of providing patient services. Such services must be related to the **Physician** owners' medical practice specialty or professional qualifications and be rendered by the **Physician** owners or other qualified **Physicians** and/or **Paramedical Employees** employed by the **Physician** owners in the name of the **Medical Corporation**.

B. INSURABILITY

Determination of insurability is made on the basis of a completed insurance application form. If the medical business to be insured is otherwise eligible, it is mandatory that all **Physician** partners, shareholders, officers, directors and employees of the partnership or **Medical Corporation** be individually insured with **MAIC** for limits of liability at least equal to those desired by the partnership or **Medical Corporation**.

Exception: The requirements for individual insurance with MAIC may be waived, at MAIC's discretion, under circumstances where a shareholder, officer, director or employed Physician has no need for or cannot obtain personal professional liability insurance with MAIC (e.g., a retired Physician, a Physician on leave of absence, a Physician not primarily practicing in the State of Illinois, a Physician declined for underwriting reasons, etc.). In such cases, the policy issued to the Medical Corporation by MAIC may be endorsed to exclude liability arising out of the acts or omissions of any such uninsured Physician.

C. RATES

- Insurance for any Medical Corporation owned solely by a Named Insured, is provided through the MAIC Physician Professional Liability Insurance Policy without additional premium charge.
- 2. **Medical Corporations** not owned solely by a **Named Insured** are subject to the following standard premium charges:
 - a. The sum of 21% of the premium that would be charged for each officer's, director's, shareholder's, employee's or independent contractor's individual policy premium (without regard to any scheduled rating credit or debit), subject to a maximum of the average of the five highest rated **Physician** officer's, director's, shareholder's, employee's or independent contractor's individual policy premium as calculated above; plus,
 - b. The appropriate per person rate for each Paramedical Employee whose rate appears on the rate pages contained in Appendix I, Section II; plus,